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HOW TO ARRANGE

JOURNAL

JULY 1999



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oves Your Skin &
Your Energy!

HER SHARES
Why I Sleep Alone"

S' SAFETY ALERT!
en Hazards
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HE EASY LIFE
un Jobs, Cool Dresses
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mart Solutions

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FE'S STORY:
VE MY HUSBAND
I WANT HIM DEAD"

Winner Of
LHJ's Women's
Choice Award

MEG RYAN
What She Really
Thinks Of Herself
(It's Not So Cute)

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LADIES' HOME
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on the cover

36 "I CAN'T BELIEVE THEY PAY ME TO DO THIS!" These five women have some of the most unusual and fun jobs around—how did they find them? By Judith Newman

42 Q&A "Cher Shares" The ultimate survivor tells all about her six years of celibacy, accepting her daughter's lesbianism, and why she believes in life after love. By David Naylor

52 THE EASY LIFE If you could have anything to make your days simpler, what would you ask for? Here, wish lists from four busy moms. By Michele Bender

55 KNOW-HOW How to remember what you always forget; treating a bee sting; and more.

60 "LET MY HUSBAND DIE" For more than three years, her husband lay in a coma, with no hope of recovery. But when Michele Finn finally decided to let him go, she found herself fighting not only her family, but the government. By Kathryn Casey

96 LHJ'S WOMEN'S CHOICE AWARDS Who are your favorite stars? In a recent *Ladies' Home Journal* poll, almost six thousand of you cast your votes. The big winner? Our cover personality, Meg Ryan.

100 SUMMER EASE Slip into cool comfort in a dress that's got style to spare. By Lois Joy Johnson

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110 MAKING ARRANGEMENTS Four flower bouquets complete with recipe cards so even beginners can make them easily—really!

120 GREAT COOKS, GREAT FOOD Cookbook authors bring you the best tastes of summer, from ribs and spicy chicken to fresh Blueberry-Peach Shortcake.

special summer safety section

68 TEST YOUR SURVIVAL SKILLS Would you know what to do if you got heatstroke? Or how to handle an undertow at the beach? Take our quiz—then learn how to triumph over summer's dangers. By Sharlene K. Johnson



Wherever Frank and Shirley went, OnStar was sure to



Help them plan a trip to Arizona

Unlock their car doors when their car keys went off
(From 1,000 miles away.)

Make sure they were all right
When Frank fell into a nest of rattlesnakes.

Offer to send an ambulance

Check their engine by remote
(From 1,000 miles away.)

Pinpoint their exact location

Order a tow truck

Get them a cab to the hotel

Notify their insurance carrier
(At Shirley's request.)

Suggest a great Mexican restaurant

Get them to I-40.
(After Frank got lost.)

Get them tickets to a baseball game.

Find the nearest gas station

Warn them about road detours

Call when their car was stolen
(And help the police track it.)

Contact them after the car was recovered

Unlock their car doors by remote
(Frank locked the keys in the car.)

Tell them Tucson will be sunny and 86

How will you use it?

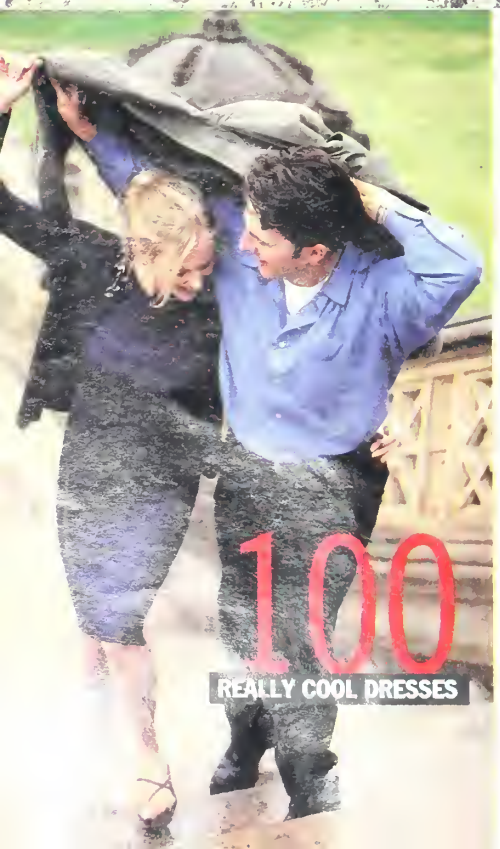
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28 A WOMAN TODAY "I Survived a Deadly Virus" This woman contracted a disease that was considered incurable—but a medical breakthrough saved her life. By Suzanne Jackson, as told to Michele Morris

46 HOW AMERICA LIVES "The Town That Lost 3,560 Pounds" In this small Iowa town, nearly five hundred citizens are battling the bulge together. By Cynthia Hanson

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LADIES' HOME JOURNAL online

FLOWER ARRANGING 101

Visit *Ladies' Home Journal* Online at www.lhj.com/sfeatures for step-by-step video tips on preparing two of the gorgeous flower bouquets featured in our "Making Arrangements" story on page 110.

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SURFING LHJ



Without a doubt, this is the year of the Internet. Even former technophobes have started surfing the Web. My husband, who swore he would never, *could* never learn to use a computer, received one from our sons for his birthday. Now he spends about an hour a day reading foreign newspapers, checking his latest symptom on health sites (he's always got a symptom!), and looking up old friends. I find I use my computer more, too, whether it's to check the weather before I travel or just to find out something I have to know that very minute. And, of course, I am constantly at *www.lhj.com*, *Ladies' Home Journal*'s Web site.

I'm sure many of you are not that different from my husband and me, and find yourselves using computers a lot more. That's why I want to make sure that you are aware of all the great things at LHJ Online. I know some of you have visited us already: Almost six thousand of you voted for our Women's Choice Awards (which is the basis for this issue's cover story) on our site. This month, several features will be coming up on LHJ Online related to articles in this issue. For example, stylist Michael Foster will demonstrate step-by-step how to create two of the bouquets you'll see in "Making Arrangements" on page 110. We're also hosting a discussion group based on our "Can This Marriage Be Saved?" column on page 12, about a teen with a drug problem.

In time for the holiday, there are Fourth of July favorites, recipes for your best all-American barbecue ever. And at the end of the month, we'll bring you the latest installment of LHJ's interactive furniture arranger (*www.lhj.com/sfeatures*). You can try out different floor plans on your computer screen and get expert tips for a comfortable and attractive room layout. In the LHJ Salon (*www.lhj.com/beauty*), our hair pro will show you, on video, the techniques for re-creating a perfect salon blow-dry at home. There is really a lot you'll enjoy at *www.lhj.com*. It's summer; start surfing!

MYRNA BLYTH
Editor-in-Chief

SOUND BITES

from this issue

"In a town where everybody knows your name, the peer pressure to lose weight—and keep it off—is intense. 'You can't go to McDonald's and order a Big Mac without the cashier raising an eyebrow or making a comment.'"

—From "The Town that Lost 3,560 Pounds," page 4

"The truth is, I hardly ever see men I'm attracted to. Plus, there's the problem of being Cher. No man wants to be Mr. Cher."

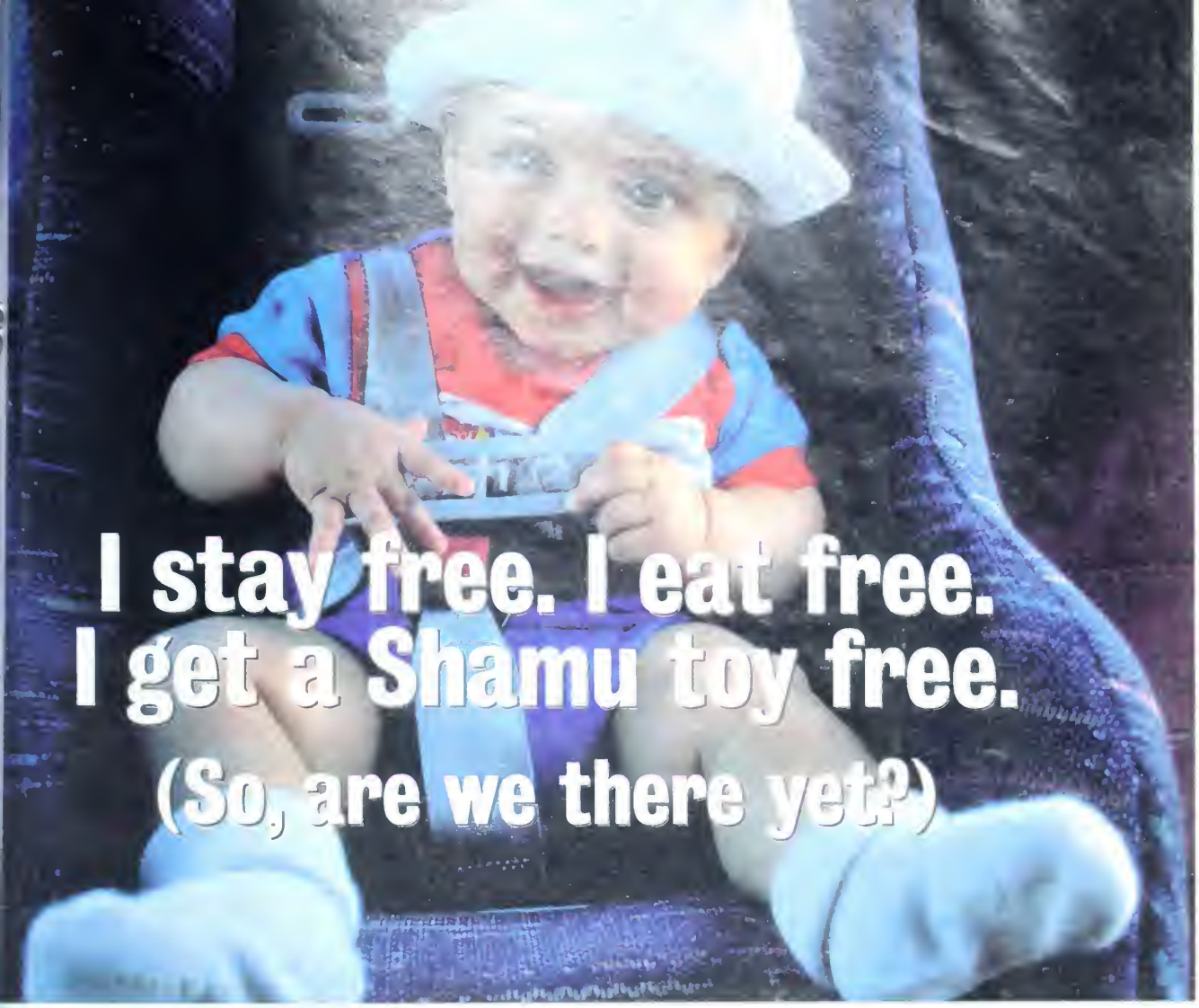
—Cher, From "Q&A," page 4

"I looked at [my husband] in that hospital bed. I knew he didn't want to live that way. I did what I had to do."

—From "Let My Husband Die," page 60

"Through Clinton and Monica, Clinton and Hillary, the scandal, the impeachment, Iraq, Bruce and Demi, Ellen and Anne, I have remained consistently and nauseatingly adorable. I have, in fact, been known to cause diabetes."

—Meg Ryan, From "LHJ Women's Choice Awards," page 96



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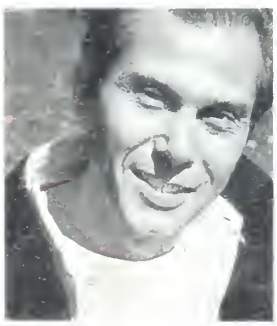
GEORGEANNE BRENNAN

Occupation: food and garden writer.
Assignment: to tell readers how to create florist-quality bouquets (see "Making Arrangements," page 110).
Qualifications: her book, *Backyard Bouquets* (Chronicle Books, 1998), and a garden of one thousand roses.
Plans: to finish another book and plant some sweet peas.

JUDITH NEWMAN



Of Meg Ryan, the big winner of LHJ's Women's Choice Awards (see page 96), writer Newman says, "Meg is a Betty in a sea of Veronicas. Men want to date her; women want to be her best friend."



HERIBERT BREHM

OCCUPATION: photographer.
ASSIGNMENT: to capture the wonder of water for the health and beauty story "Waterworks," page 104.
HOW HE DID IT: by spending ten hours with one model and three kinds of water (tap, bottled and pool).
FINAL ASSESSMENT: "Water *is* beautiful—unless it gets into my camera."

CATHERINE FREDMAN



She's a partner of choice for Trivial Pursuit, which means her new assignment, reporting and writing the "Know How" column, is the perfect match for Fredman. Whether it's how to treat a bee sting, memorize phone numbers or build a sand castle (see page 55), the New York writer will tell us how to do all sorts of handy things we never quite got around to figuring out.



KATHLEEN McAULIFFE

As a devoted barbecuer, McAuliffe found the food and cooking safety tips she learned reporting "Hidden Hazards" (page 86) invaluable. "The grill is really my second kitchen," says the Florida writer. The most surprising thing she learned? That experts now recommend not serving steak well done. "I've never liked it that way, anyway," she says.

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ARIEL WASN'T JUST HURTING HERSELF—SHE WAS TEARING HER PARENTS' MARRIAGE APART. BY MARGERY D. ROSEN

I should have known," said forty-one-year-old Julia, reaching for another tissue to wipe her red, tearing eyes. "We'd suspected for some time that our daughter, Ariel, was smoking pot, but we had no proof. Then one day last year, I found a joint in her jacket pocket when I took it to the cleaners. As if that wasn't bad enough, a teenage neighbor told us, 'I thought you should know—I saw Ariel snorting coke at a party.'

"I'll never forget that awful night when we confronted her. I said, 'Ariel, are you using drugs?'

"She shot back, 'Are you crazy?'

"My husband, William, could barely control himself. He yelled, 'Don't pull that garbage on us—Mom found a joint in your coat!'

"'That was my friend Sherry's,' she lied. 'You never trust me! You never believe anything I say!'

At last, Ariel admitted sullenly, 'Okay, I get high sometimes, but it's no big deal.' Since then, we've tried everything to help her. We've taken her to psychologists and experts on teen drug use; she's been in and out of treatment programs. But she's eighteen now and still using. My older sister, Helen, had a drug problem in college, so I should have recognized the signs earlier.

"I don't know if our marriage can survive this strain. I love William dearly, and up till now he's always been there for me, yet suddenly he's become remote and cold. How can he act like this when our daughter's life is at stake?

"Still, I never thought we'd have any serious problems with Ariel. She was popular, always excelled at school and was very close to her brother, Matt, who's eleven now.

"The trouble began when those devastating floods hit Iowa a few years ago. We barely had time to throw a change of clothes into the car and evacuate to a motel in nearby town. The entire first floor of our house—including Ariel's bedroom—was destroyed. On the surface, Ariel seemed to be coping. But soon she grew moody and started hanging out with kids we knew had dubious reputations.

"Then Ariel began cutting classes. She seemed lethargic. Occasionally, I'd find a bottle of eyedrops or decongestant in her room, not realizing that she was trying to hide her telltale red eyes and runny nose. Yet any time we confronted her, she'd shout, 'Get off my case!' I was always 'the other kids' who were getting high.

"Once we discovered the truth, our whole family was turned upside down. Matt was devastated. Then William started to shut me out. Actually, he flip-flops. Some days we'll talk about nothing *except* Ariel. Then at other times, he'll clam up and look as if he'll explode if I say another word.

"I can't stand it *(continued*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple trying to cope with their teenager's drug problem, is based on interviews and information from the files of Mary Ellen Lester, Ph.D., a marriage and family therapist in Cedar Rapids, Iowa. The story told here is true, although the names and other details have been changed to conceal identities.

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Knowing your number gives you power, and nowing about Nolvadex should give you hope. Because ven if you are at high risk, Nolvadex has now been proven significantly reduce the incidence of breast cancer in omen at high risk.

The proof? In a landmark study of women 35 years older and at high risk of breast cancer, women who took olvadex had fewer breast cancers than women taking igar pills. Nolvadex decreases but does not eliminate ie risk of breast cancer, and did not show an increase survival.

Nolvadex is not for every woman at high risk. In the study, women taking Nolvadex were 2 to 3 times more likely to develop uterine cancer or blood clots in the lung and legs, although each of these occurred in less than 1% of women. Women with a history of blood clots should not take Nolvadex. Stroke, cataracts, and cataract surgery were more common with Nolvadex. Most women experienced some level of hot flashes and vaginal discharge. **Pregnant women or women planning to become pregnant should not take** Nolvadex. You and your doctor must carefully discuss whether the potential benefit of Nolvadex will outweigh these potential side effects.

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Please read this information carefully before you begin taking NOLVADEX. It is important to read this information each time your prescription is filled or refilled in case new information is available. This summary does not tell you everything about NOLVADEX. Your health care professional is the best source of information about this medicine. You should talk with him or her before you begin taking NOLVADEX and at regular checkups. In addition, the professional package insert contains more detailed information on NOLVADEX.

WHAT ARE THE MOST IMPORTANT THINGS I SHOULD KNOW ABOUT NOLVADEX?

NOLVADEX has been shown to help women with advanced breast cancer and in clinical trials of over 30,000 women with early breast cancer it has been shown to reduce the risk of recurrence. Also in a trial of 13,000 women at high risk of breast cancer, NOLVADEX reduced the risk of developing the disease.

Like all medicines, NOLVADEX has some side effects. Most are mild and relate to its hormonal mode of action. NOLVADEX can increase the risk of some serious and potentially life-threatening conditions, including uterine cancer, blood clots and stroke. It can also increase the risk of getting cataracts or of needing cataract surgery.

If you experience symptoms of any of these, tell your doctor **immediately** (see "What should I avoid or do while taking NOLVADEX?). You and your doctor must carefully discuss your personal medical conditions, history, and preferences to decide whether the good NOLVADEX may do for you outweighs its potential risks. If you and your doctor decide that NOLVADEX therapy is right for you, you should look for symptoms indicating you might be experiencing one of the known risks with NOLVADEX.

WHAT IS NOLVADEX?

- NOLVADEX is a prescription medicine used to reduce the risk of getting breast cancer in women who have a high risk of getting breast cancer.
- NOLVADEX is used to treat advanced breast cancer in women and men.
- NOLVADEX is used to reduce the recurrence of breast cancer in women who have had surgery and/or radiation therapy to treat early breast cancer. NOLVADEX is also used in women with breast cancer who are at risk of developing a second breast cancer in the opposite breast.

HOW DOES NOLVADEX WORK?

NOLVADEX belongs to a group of medicines called anti-estrogens. Anti-estrogens work by blocking the effects of the hormone estrogen in the body. Estrogen may cause the growth of some types of breast tumors. NOLVADEX may block the growth of tumors that respond to estrogen.

WHO SHOULD NOT TAKE NOLVADEX?

- You should not take NOLVADEX to reduce the risk of getting breast cancer if you have ever had blood clots or if you develop blood clots that require medical treatment. However if you are taking NOLVADEX for treatment of early or advanced breast cancer, the benefits of NOLVADEX may outweigh the risks associated with developing new blood clots. Your health care professional can assist you in deciding whether NOLVADEX is right for you.
- You should not take NOLVADEX if you are taking medicines to thin your blood (anticoagulants) like warfarin (Coumadin®*).
- You should not take NOLVADEX if you plan to become pregnant while taking NOLVADEX or during the two months after you stop taking it because NOLVADEX may harm your unborn child. You should stop taking NOLVADEX if you become pregnant while taking the drug. Please talk with your doctor about birth control recommendations. If you are capable of becoming pregnant, you should start NOLVADEX during a menstrual period or if you have irregular periods you should have a negative pregnancy test before beginning to take NOLVADEX.
- You should not take NOLVADEX if you are breast feeding.
- You should not take NOLVADEX if you have ever had an allergic reaction to NOLVADEX or tamoxifen citrate (the chemical name).

NOLVADEX® (tamoxifen citrate) Tablets

- NOLVADEX is not known to reduce the risk of breast cancer in women with changes in breast cancer genes (BRCA1 or BRCA2).
- You should not take NOLVADEX to decrease the chance of getting breast cancer if you are less than age 35, because NOLVADEX has not been tested in younger women.
- You should not take NOLVADEX to reduce the risk of breast cancer unless you are at high risk of getting breast cancer. Certain conditions put women at high risk and it is possible to calculate this risk for any woman. Breast cancer risk assessment tools to help calculate your risk of breast cancer have been developed and are available to your health care professional. You should discuss your risks with your health care professional.
- Children should not take NOLVADEX because treatment for them has not been sufficiently studied.

HOW SHOULD I TAKE NOLVADEX?

- You will take NOLVADEX differently, depending on your diagnosis.

For treatment of breast cancer in adult women and men, the usual dose is 20-40 mg a day. Take the tablets once or twice a day depending on the tablet strength prescribed. If your doctor has prescribed a different dose, do not change it unless he or she tells you to do so. For women with early breast cancer, NOLVADEX should be taken for 5 years. For women with advanced cancer, NOLVADEX should be taken until your doctor feels it is no longer indicated.

For reduction of the risk of breast cancer, the usual dose is 20 mg a day, for five years.

- Do not stop taking your tablets unless your doctor tells you to do so.

ARE THERE OTHER IMPORTANT FACTORS TO CONSIDER BEFORE TAKING NOLVADEX?

- Tell your doctor if you have ever had blood clots that required medical treatment.
- Because NOLVADEX may affect how other medicines work, always tell your doctor if you are taking any other prescription or non-prescription (over-the-counter) medications, particularly if you are taking warfarin to thin your blood.

WHAT SHOULD I DO WHILE TAKING NOLVADEX?

- If you see a health care professional who is new to you (an emergency room doctor, another doctor in the practice), tell him or her that you take NOLVADEX.
- If you are taking NOLVADEX to reduce your risk of getting breast cancer, you should know that NOLVADEX does not prevent all breast cancers. While you are taking NOLVADEX and in keeping with your doctor's recommendation, you should have annual gynecological checkups which should include breast exams and mammograms. If breast cancer occurs, there is no guarantee that it will be detected at an early stage. This is why it is important to continue with regular checkups.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF NOLVADEX?

The most common side effects reported with NOLVADEX are hot flashes, vaginal discharge or bleeding, and menstrual irregularities (these side effects may be mild or may be a sign of a more serious side effect). Women may experience hair loss or skin rashes, however, hair loss is uncommon and is usually mild.

A rare but serious side effect of NOLVADEX is a blood clot in the veins. Blood clots stop the flow of blood and can cause serious medical problems, disability or death. Women who take NOLVADEX are at increased risk for developing blood clots in the lungs and legs. Some women may develop more than one blood clot, even if NOLVADEX is stopped. Women may also have complications from treating the clot, such as bleeding from thinning the blood too much. Symptoms of a blood clot in the lungs may include sudden chest pain, shortness of breath or coughing up blood. Symptoms of a blood clot in the legs are pain or swelling in the calves. A blood clot in the legs may move to the lungs. If you experience any of these symptoms of a blood clot, contact your doctor immediately.

NOLVADEX increases the chance of having a stroke, which can cause serious medical problems, disability, or death. If you experience any symptoms of stroke, such as weakness, difficulty walking or talking, or numbness, contact your doctor immediately.

NOLVADEX increases the chance of changes occurring in the lining of your uterus (endometrium), which can be serious and could include cancer of the uterus. If you have not had a hysterectomy (removal of the uterus), it is important for you to contact your doctor immediately if you experience any

NDLVADEX® (tamoxifen citrate) Tablets

unusual vaginal discharge, vaginal bleeding, or mens
irregularities; or pain or pressure in the pelvis (lower s
ach). These may be caused by changes to the lining of
uterus (endometrium). It is important to bring them to
doctor's attention without delay as they can occasio
indicate the start of something more serious, and
include cancer of the uterus or other changes to the ut

NOLVADEX may cause cataracts or changes to parts
eye known as the cornea or retina. NOLVADEX can inc
the chance of needing cataract surgery, and can cause
clots in the veins of the eye. NOLVADEX can result in diff
in distinguishing different colors. If you experience
changes in your vision, tell your doctor immediately.

Rare side effects, which may be serious, include certain
problems such as jaundice (which may be seen as yell
of the whites of the eyes).

If you are a woman receiving NOLVADEX for treatme
advanced breast cancer, and you experience excessive na
vomiting or thirst, tell your doctor immediately. This
mean that there are changes in the amount of calcium in
blood (hypercalcemia). Your doctor will evaluate this.

In patients with breast cancer, a temporary increase in th
of the tumor may occur and sometimes results in m
aches/bone pain and skin redness. This condition may
shortly after starting NOLVADEX and may be associated
good response to treatment.

Many of these side effects happen only rarely. Howeve
should contact your doctor if you think you have any of
or any other problems with your NOLVADEX. Some side e
of NOLVADEX may become apparent soon after startin
drug, but others may first appear at any time during ther

This summary does not include all possible side effect
NOLVADEX. It is important to talk to your health care p
sional about possible side effects. If you want to read
ask your doctor or pharmacist to give you the profes
labeling.

Keep NOLVADEX in its original prescription container a
of the reach of children.

Do not take your tablets after the expiration date on th
tainer. Be sure that any discarded tablets are out of the
of children.

This leaflet provides you with a summary of information
NOLVADEX. Medicines are sometimes prescribed for
other than those listed. NOLVADEX has been pres
specifically for you by your doctor. Do not give your me
to anyone else, even if they have a similar condition, be
it may harm them.

If you have any questions or concerns, contact your doc
pharmacist. Your pharmacist also has a longer leaflet
NOLVADEX written for health care professionals that y
ask to read. For more information about NOLVADEX or
cancer, call 1-800-34 LIEE 4.

Rev T

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when William and I fight. Why, in my family, we barely raised our voices. I really did have a picture-perfect Midwestern childhood. Dad taught high-school math, and Mom stayed home to raise the three of us. Though we didn't have much money, I never felt deprived. I remember picnics on the lake, sightseeing trips to nearby cities, church every Sunday. Everything was wonderful until my senior year of high school, when we found out that Helen was on cocaine, heroin—you name it, she tried it. Thank God, she's been clean for fifteen years.



"College was a welcome escape for me after the grief my family went through that year with my sister. I met William toward the end of my sophomore year, and it was love at first sight. After our first date, neither of us dated anybody else.

"I'm a program coordinator at the local community center, and I love it. But William has never been happy with his work in the sales division of a manufacturing company here in town. I wish I had a nickel for every time I've suggested we work on his résumé so he could look for a more exciting job. He just never makes the effort.

Things get even worse between us when we visit my parents. I know my dad is pretty conservative and Mom speaks her mind. But William now refuses to visit them at all. Why can't he just ignore their remarks, the way I do?

"Another area we've always struggled with is our sex life, which is terrible. Frankly, I don't think about sex all that much even in the best of times, and right now, it's the farthest thing from my mind. But William is always ready, and if I refuse, he gets upset and thinks I don't love him.

"Somehow Ariel managed to finish high school, and she's living at home. She's been good about doing her chores and respecting her curfew. Plus, she does seem to be sticking with this latest outpatient treatment program, and she's been working as a clerk in a video store. She hasn't expressed any interest in going to college, but we're hoping she'll be ready if and when she cleans up her act for good.

"We may not be able to save our daughter, but please tell me there's something we can do to save our marriage."

I am just as upset and guilt-ridden as my wife is, but I cannot for one more hour—one more *minute*—listen to her go on and on about Ariel's problems," sighed William, forty-one, a handsome man with thick, wavy hair and piercing blue eyes. "She literally follows me from room to room—even into the bathroom—repeating the same things. I know Julia can't turn it off completely. But couldn't she at least turn it down a few notches? She spends half the day sobbing.

"Not a night goes by that I don't wonder whether I could have done something to prevent this. We tried to be such good parents. But we can't wring our hands forever.

"ANY TIME WE TRIED TO CONFRONT ARIEL," SAYS JULIA, "SHE'D CLAIM IT WAS 'THE OTHER KIDS' WHO WERE GETTING HIGH"

Funny—I say that, but I don't know how to stop, either, do I? I know I need to control my anger. I don't mean to scream, but I'm feeling brittle these days.

"Spending time with my in-laws leaves me even more crazed. My wife may say her childhood was perfect, but to me it sounds like it was dictatorial. Her parents constantly tell us, 'You shouldn't have been so lenient with Ariel' and 'You should have noticed her problem sooner.' Isn't it hypocritical for my mother-in-law to blame me, when the same thing happened to her own daughter? Julia's mom once cursed me out because I expressed an opinion she didn't agree with—and Julia expected me to swallow it. Well, I can't do it anymore.

(continued)



LHJ BOOK BAG

Can This Marriage Be Saved?" has been compiled in a book containing stories of real-life couples in distress and their efforts to overcome their problems. The 352-page softcover book is offered by a special arrangement with Workman Publishing. To order, indicate how many books you would like and send a check or money order for $15.95 per book to *Ladies' Home Journal*® Resources, Dept. L0799, P.O. Box 9381, Des Moines, IA 50306-9381. To use your Visa, MasterCard or Discover Card, call 800-763-6393. (Price includes shipping, handling and applicable sales tax.)

"My folks couldn't have been more different. Dad sold farm machinery; Mother helped him, but mostly she raised us—I was the youngest of five. My parents were active in the community and our church, politically moderate and very tolerant of other people's ideas. I was close to both of them and wanted to be the same kind of father to my children. Obviously, I've failed.

"I know Julia wants to help when my job stresses me out, but it's a touchy subject for me. I never knew what I wanted to do with my life. I was recruited right out of school, and I've stayed with the company for years. But my salary is too good now to turn my back on it, and besides, at my age, what would I do?

"I love my wife, but we've lost that closeness we always had. We certainly aren't intimate in bed. It's such a struggle to figure out when she's in the mood, I've just about given up.

"I always considered myself the kind of guy who could figure out what to do on my own, but our marriage is getting worse. We can't even get away for a night. A few months ago, when we went out of town to my sister's birthday party, Ariel had some friends over, and we think they got high in the house. She's not allowed to have guests anymore, but Julia is still afraid to leave her or Matt alone at home.

"We're both so frightened—for Ariel and for ourselves. It's time to get some help."

[redacted]

For the past two years, Julia and William have been struggling with every parent's nightmare," notes the counselor. "Their conflicting ways of reacting to stress made things worse. Julia needed to talk about her fears all the time; William tended to withdraw.

"It was clear these two loved each other very much, but the only way they could preserve their marriage and their individuality was to be a little selfish and refocus their tin and energy on each other.

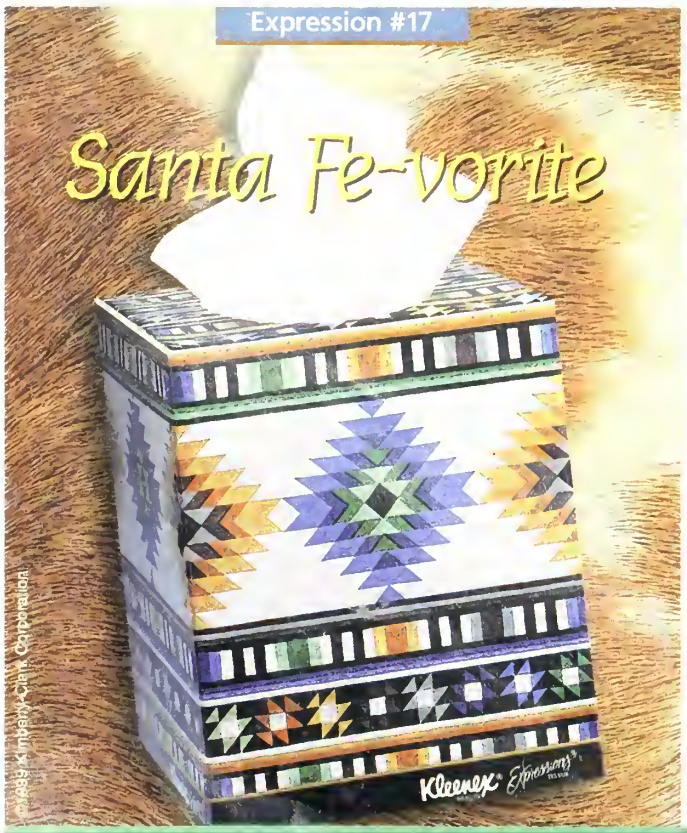
"First, I referred Julia to a psychi trist, because she had the class signs of clinical depression: anxiet weeping, sleeplessness and an inabi ty to concentrate. The doctor pr scribed an antidepressant, whic helped her face her problems.

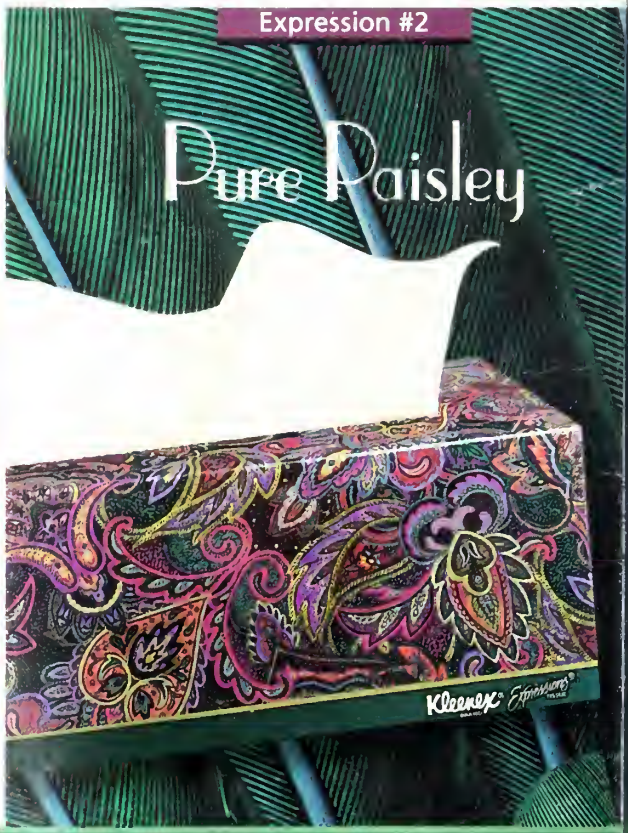
"While the goal was to get the two communicating, we also di cussed how unproductive it is to li in constant regret and self-dou 'Sometimes we just don't know wl

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child takes drugs,' I told them. 'It happens in the best of families, and you've done everything you can for Ariel right now. As long as you stick to the rules you've established for her, you must stop heaping blame on yourselves. It's time to move on.'

"It was also time for them to start paying attention to Matt, who had been lost in the shuffle. They encouraged him to invite his friends over so they could get to know the boys better. William and Julia keep in touch with the boys' parents, and several of the families meet regularly for potluck dinners. 'We plan to do this all through high school,' explained Julia, 'so we'll feel comfortable enough to call one another for help or to ask an opinion.'

"Their next challenge was to manage their intrusive in-law problem. I helped the couple understand the concept of boundaries—defining what they wanted and needed and letting others know when their behavior crossed the line. It wasn't easy, but Julia started standing up to her parents, which has strengthened her self-esteem as well as her marriage. 'I couldn't believe it,' William exulted at one session. 'Julia actually told them we weren't coming to Sunday dinner because she couldn't tolerate the way they spoke to me. Victory!'

"Julia's deeply religious childhood had also sent her the message that sex was not something good girls enjoyed, so she found it hard to be intimate with the man she loved. Defining her boundaries would help in bed, too: 'If you tell him exactly what you want,' I said, 'you'll feel more in control, and more sexually free.' Seeing that William respects her on nights when she says she just wants to cuddle, she has become more responsive—and adventurous—on other nights.

"Another area we addressed was Julia's need to talk about Ariel all the time. Understandably, William was feeling swamped. The couple now takes twenty minutes every day to discuss whatever is on their minds, knowing she can count on that time, Julia can think about other things instead of wallowing in her worries all day.

"Discussing his work situation with Julia helped William realize that he didn't want a new job, after all. 'I'm not ready to make a change,' he decided. 'But I've asked for a few new projects, which has helped me to stop moping about which path I should have taken.'

"Though the couple suspects Ariel still gets high occasionally, she's doing well at her job and is sticking with her outpatient therapy. 'I'm sad that our dreams for her—going to college, raising a family—may never be realized,' Julia said. 'But the fact that William and I are so much closer keeps me grounded.'

"Julia and William ended counseling after six months, having realized that you have to let your grown children take responsibility for their lives, while you work on the one thing you do have control over—yourselves." •



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NE These patches contain acne fighters like gly- ic acid, which works to increase cell turnover and mote clearer skin. Try: Biosomme Acne Healing ch ($6.99).



in the jeans

When we were teens, a plain pair of jeans spent a lot of time in the closet. The trend then was, the more embellished, the better: Appliqués, embroidery and silver studs adorned denims everywhere. Well, these designs are back. Gucci walked them down the runway, and now Levi's, Lee, A.B.S. and XOXO have produced their own duded-up jeans, skirts and jackets. How to get these styles in a nineties groove? Keep everything else simple—a basic white tee and sneakers will do just fine.


runway


real life

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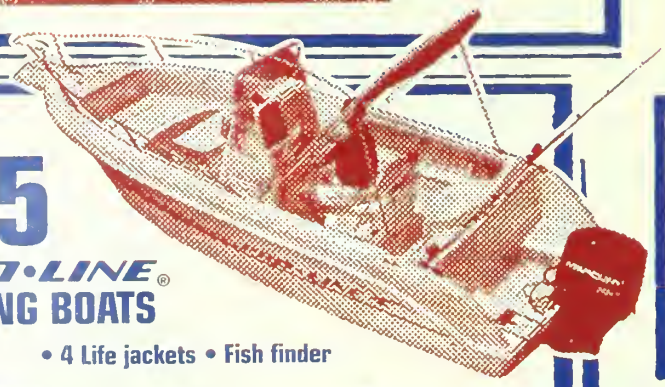
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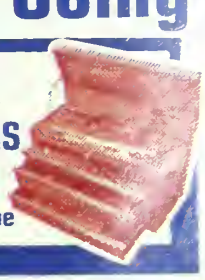
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2. WHERE TO MAIL YOUR COMPLETED ENTRY FORM: Mail your completed entry form in a hand-addressed 4-1/8" x 9-1/2" #10 (business-size) envelope, with a first-class postage stamp affixed, to: Basic Sweepstakes, P.O. Box 4565, Blair, NE 68009-4565. Limit one entry per outer mailing envelope. Entries must be received by 9/30/99.

All entries must be on official entry forms only. No photo-copied or mechanically reproduced entry forms accepted. For each additional sweepstakes entry form you would like to receive, send a separate, self-addressed, stamped #10 (business-size) envelope to: Basic Entry Requests, P.O. Box 4399, Blair, NE 68009-4399. Limit one request per outer mailing envelope. Residents of the states of VT and WA only need not affix postage to return envelopes. Participation limited to residents of the U.S. who are smokers, 21 years of age or older. Entry form request must be received by 8/30/99.

3. GENERAL RULES: Sweepstakes open to residents of the U.S. who are smokers, 21 years of age or older at time of entry. Employees of Philip Morris Incorporated ("PM USA"), its affiliates, subsidiaries, advertising and promotion agencies and the immediate family members of each are not eligible. Void in MA, MI, at retail in VA and where prohibited by law. All federal, state and local laws and regulations apply. All entries become the exclusive property of PM USA and will not be returned. PM USA will not be responsible for lost, late, damaged, postage due, misdirected or mutilated mail. Incomplete or illegible entries, entries without a signature or [illegible] including a date of birth will be deemed [illegible] and void. A random drawing to award all prizes will be held about 10/7/99 from among all eligible entries by D.L. Blair, Inc., an independent judging [illegible]. These decisions are final on all matters relating to this sweepstakes. The odds of winning [illegible] number of eligible entries received. Prizewinner may be required to sign and return an Affidavit of Eligibility/Release of Liability, Publicity/Prize Acceptance Form within [illegible] days of notification. Noncompliance within this time period may result in disqualification and the selection of an alternate winner. Winners will be notified by [illegible] 11/1/99. Any prize/prize notification returned to PM USA as undeliverable will result in disqualification and an alternate winner will be selected. Travel restrictions apply to travel prize winners will be required to sign and return a Release of Liability prior to departure and must be 21 years of age or older at time of winner's notification. Travelers must possess required travel documents (e.g., valid photo ID, etc.) and must travel on dates specified by PM USA. Limit one prize per person. Winners are responsible for all federal, state and local taxes; vehicle, pop-up camper and boat winners are additionally responsible for any applicable licensing, insurance, title and registration fees. No transfer or substitution of prize permitted. PM USA reserves the right to provide a cash alternative at its sole discretion. This sweepstakes will also be offered through participating retailers and direct mail. Acceptance of prize offered constitutes permission to use winner's name and likeness for commercial purposes without further notice and compensation, unless prohibited by law.

4. PRIZES AND APPROXIMATE RETAIL VALUES: A total of 2,121 prizes will be awarded as follows: 1 Grand Prize - a Lincoln Logs log cabin including $45,000 towards property and home furnishings ($150,400). Winner must obtain or provide property on which to build the log cabin within one year of winning prize; 5 First Prizes - a brand new Ford® Pick-up Truck ($27,995 each); 5 Second Prizes - a Pro-Line 19-foot Sportsman boat, including trailer, sun top and coast guard package ($22,000 each); 5 Third Prizes - a Coleman® by Fleetwood Pop-Up Camper, including portable toilet and portable TV ($8,080 each); 5 Fourth Prizes - a 7-day/6-night trip for two to the Grand Canyon, including round-trip coach airfare from winner's nearest commercial airport, hotel accommodations (one room) and $1,000 spending money ($4,500 each); 25 Fifth Prizes - a Philips Magnavox 60" Large Screen TV ($3,015 each); 50 Sixth Prizes - a Sealy® beige recliner ($995 each); 25 Seventh Prizes - Fuji® Bicycles, 1 male/1 female ($920 per set of 2 bikes); 50 Eighth Prizes - a Stanley® Proto tool set including 4-drawer tool chest and 158 piece tool set ($790 each); 50 Ninth Prizes - Coleman® camping equipment including tent, stove, lantern, set of cookware, cooler, flashlight and two sleeping bags ($418 each); 50 Tenth Prizes - an Ames gardening set including planter's wagon, a 6-piece tool set and 3-piece hand tool set ($210 each); 250 Eleventh Prizes - winner's choice of a male or female Timex watch ($50 each); 100 Twelfth Prizes - an American Flag, including pole and mounting hardware ($25 each); 500 Thirteenth Prizes - a Zippo® lighter ($24 each); 1,000 Fourteenth Prizes - a coupon for a free carton of Basic cigarettes ($22 each). Residents of the states of MN and UT will receive the cash equivalent of the carton coupon. Prizes consist only of those items specifically listed as part of the prize.

5. For the names of major prizewinners available after 12/17/99, send a separate, self-addressed, stamped, #10 envelope to: Basic Sweepstakes Winners, P.O. Box 4397, Blair, NE 68009-4397.



JUST THE highlights



Summer's not the time you want to wear a faceful of makeup—but when you do want a quick beauty boost, reach for a highlighter. Seen them before but aren't sure how or where to use them? Max Factor makeup artist Ronnie Specter, who created Michelle Pfeiffer's shimmery glow in *A Midsummer Night's Dream*, shared her tips. "Choose simple, neutral colors, like silvery white, which are the easiest to blend and layer." As for formulas, "Shimmer sticks can be wiped directly on at cheekbone, browbone, shoulders and cleavage; novices should use their fingers or a sponge. Pressed powder shimmer can be used as a highlighter over blush, but beware loose-powder highlighters—they stick better with a base underneath." Finally, remember, less is more: Stand in daylight with a mirror to see how much you've applied.



ABSOLUTE CLEANING



Has your diamond jewelry lost a little of its luster? Then try these TLC tips from the Jewelry Information Center to restore the sparkle and shine. First, dip your diamond in rubbing alcohol or vodka for a few seconds to reduce greasy buildup from suntan lotion or hand cream and to loosen trapped dirt. Then, with a mild detergent, water and a soft-bristle toothbrush, gently rub the diamond; rinse in lukewarm water and pat dry with a paper towel. While the soap-and-scrubbing method above can be used on other jewelry, soft gemstones such as opal and turquoise should not be dipped in vodka or rubbing alcohol.

Vein, Vein, Go Away

The bright, natural light of summer means more careful concealing is required. NYC makeup pro Kat James tells us the best places to hide



legs

Self-tanner is an easy way to hide light-colored spider veins. But call in the heavier body or leg makeup for darker areas. To apply:

- **Be aware that body skin is more yellow than facial skin, so stick with golden shades.**
- **Blend well with fingers or sponge, and set with matching powder so color won't rub or sweat off.**



face

To conceal red, broken capillaries on the face:

- **Use a concealer brush (a clean lip or eyeliner brush works well, too) to gently dab skin-matched concealer on spots, sides of the nose.**
- **For larger areas, use a wide, flat, tapered foundation brush to blend on an oil-free formula to avoid streaking.**





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Forget spillable pumps or gooey bars of soap. Two-in-one cleanser and makeup remover leaves more room for clothes.

Don't risk contaminating your skin-care products by transferring them to smaller containers. Elizabeth Arden's Ceramide capsules offer onetime-use packaging.

The heaviest thing to lug is most likely the one you need the most. This fold-up palm-size dryer from Travel Smart weighs in at just 2.5 ounces.

Even without heavy beauty products, luggage still gets bulky: Packets of bath grains with soothing botanicals ease aching muscles.

Berry-scented bug-repellent wipes and Avon Women of Earth solid perfume make spill-free travel companions.

Almay Stay Smooth Medicated lipcolor packs both color and menthol-infused medicated balm.

All you need is water and one minute to activate and enjoy this self-heating mask by Bioré.

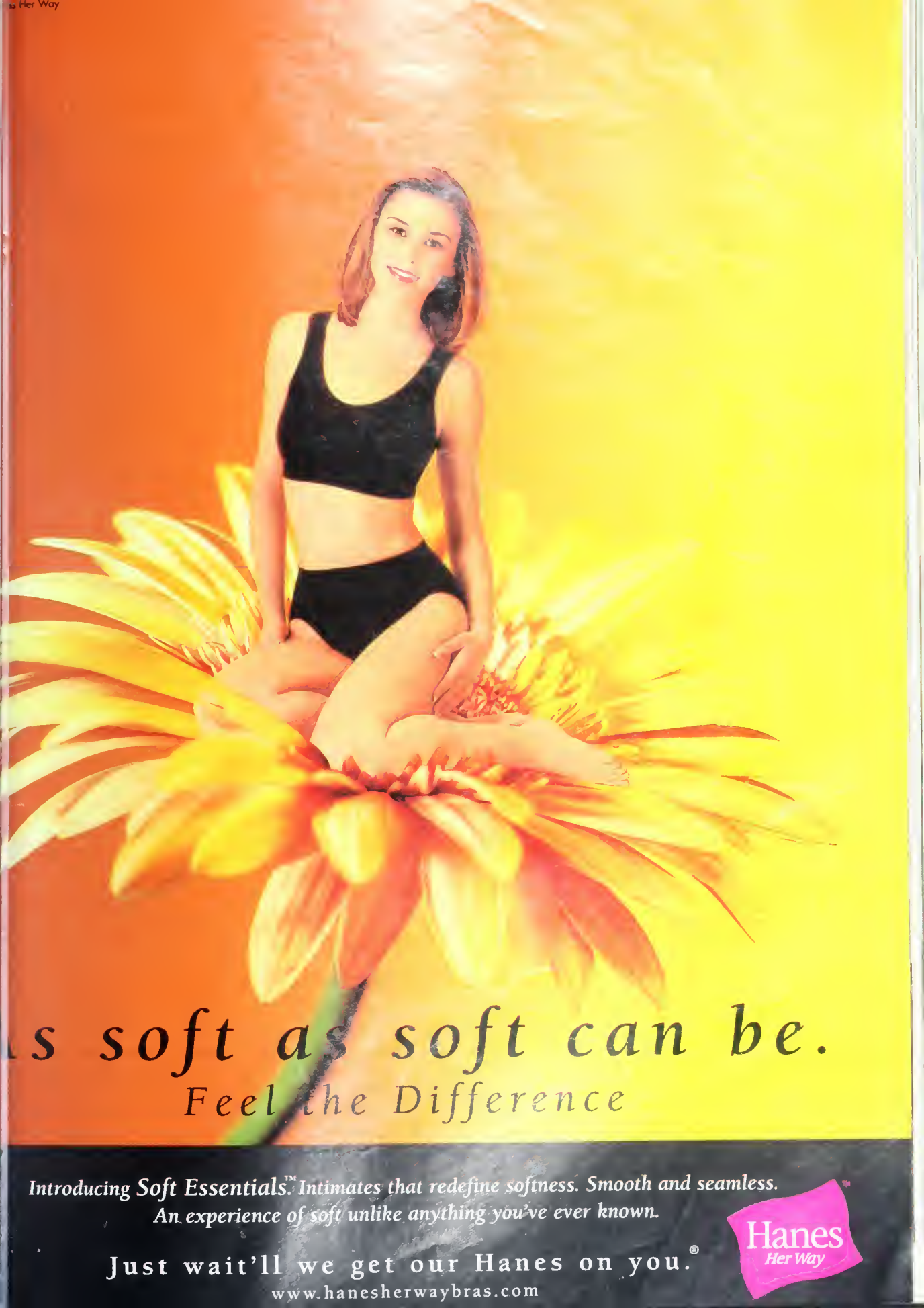
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Suzanne Jackson thinks of herself as a living miracle

"I Survived a Deadly Virus"

The disease I contracted was considered incurable. But a medical breakthrough saved my life

By Suzanne Jackson, as told to Michele Morris

WHEN I SAW CLOTHIER PLACE, a 540-acre homestead in northern New Mexico, it was love at first sight. Spare and simple, the 125-year-old weathered adobe ranch house stood alone in a meadow. My boyfriend, Tom Hollis, planned to renovate the house. As we stood in the sunshine admiring the view of the Sangre de Cristo Mountains, Tom put his arm around my shoulders. "Are you game?" he asked. Moving here would mean living the life of a pioneer settler. There was no plumbing, no electricity, no bathroom, no furnace. Despite that, I felt a sense of comfort. "This is it," I answered. "This is home."

I've always had a sense of adventure. I grew up in rural Wyoming and spent a lot of time outdoors. After college, I dabbled at lots of jobs, finally becoming a veterinary technician. I moved to New Mexico in 1991, at the age of forty, when I landed a job in a veterinary clinic in Santa Fe. Almost two years later, I met Tom at a local health club.

The following summer, we spent weekends trying to make Clothier Place habitable, although it was spartan by anyone's standards. It was also infested with mice. By December 1993, I had given up my job to work on the house full-time. But we never had enough money to do all the things the house needed, so eventually, I took a part-time job working at a nearby veterinary clinic.

By summer 1995, the enormity of restoring the ranch had overwhelmed me. I was overworked, tired and depressed. In October I went home to Wyoming to see my family and to try to sort out my life. I didn't think things could get much worse, until the morning I discovered a lump in my breast.

I returned to the ranch two weeks later, and scheduled a mammogram for Thursday, November 30. The next day I came down with the flu, and called the veterinary clinic to let my colleague, Ginger Elliott, know I wouldn't be in. I was light-headed, and my limbs felt heavy, as if they were encased in lead. Tom and I had decided to end our relationship, and he had planned to go away for the weekend. But when he saw that I was getting sick, he was concerned and asked if I wanted him to stay. "That's not necessary," I told him. "I'll be okay."

I felt achy all over, but particularly in my lower back and pelvis. By Sunday I had a 103-degree fever. On Monday morning, I collapsed in the bathroom. I was able *(continued)*



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pull myself up, d I leaned on the ll until I had the ength to call Gin- r. Within twenty inutes, she ar- ed. I was so weak I uldn't sit up to ink the juice she'd ought me. Ginger id, "I'm taking you the E.R."

Somehow, Ginger got me dressed, rried me out to the car and drove rty-five miles to Raton, the near- t town. I slept most of the way, t then rallied a bit at the E.R. ey suspected I was dehydrated d in shock, so they started mping fluids into me. It didn't lp. In fact, I was getting worse. e doctors took a chest X ray and scovered there was fluid in my ngs. They were mystified, guess- g that I might have some sort of ngal pneumonia.

By nightfall I was having trouble eathing because of the fluid ildup. The results of a blood test owed that I had a low platelet unt, a hallmark of the hantavirus. antavirus is a deadly microbe car- ed by rodents, especially deer ice, which can be passed on to mans. The disease first broke out the Four Corners area of the outhwest in 1993, when eleven althy young Navajo Indians died ddenly and mysteriously. Their like symptoms had rapidly turned into a deadly respiratory condition. As I gasped for air, the doctor told me that they were going to fly me to University Hospital, in Albuquerque, where serious respiratory problems could be treated. I knew then that I was in bad shape.

I lost consciousness before reaching the hospital, and had to be resuscitated upon arrival. By eleven P.M. Monday night, doctors had intubated me to help my breathing, and had given me heart stimulants. At this point, they were fairly certain that I had the hantavirus. The disease was causing my blood cells to leak fluids, and my lungs to fill up with serum from my blood. In addition to my breathing problems, the fluids were putting a lot of stress on my heart.

As I lay near death, the physicians decided to put me on ECMO (extra-corporeal membrane oxygenation), a heart-lung bypass machine ordinarily used on premature infants. Because ECMO gives the heart and lungs time to recover—the machine circulates and oxygenates the blood—doctors thought it could help hanta victims. Albuquerque doctors had tried ECMO on only two patients before me; one had died, the other had survived.

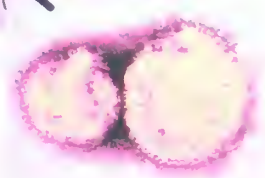
By two-thirty A.M. I was on ECMO in the pediatric ICU. The doctors were not optimistic. They gave me just a 5 percent chance of survival. My mom, dad and sister all arrived the next morning. I was lying comatose in a bed about five feet in the air—the bed is elevated over the ECMO machine so gravity can help circulate the blood—surrounded by a mountain of high-tech equipment. My entire body was swollen, my skin was stark white and my lips were purple. *(continued)*



Deer mice carry the deadly hantavirus and pass it to humans



Hantavirus was first diagnosed in 1993, when a major outbreak of the disease occurred in the Four Corners area of the Southwest



The lethal microbe can be inhaled once it's airborne. There is no cure for the disease

Even today, only half of all hantavirus patients survive

A Lifesaving Treatment

xtra-corporeal membrane xygenation (ECMO), the eatment that saved Suzanne ickson's life, is an artificial eart-lung machine that takes ver the work of the organs fter a patient goes into respi- atory distress. Although the achine was designed to treat remature infants, doctors iscovered that it could help ave the lives of older children nd adults who have severe but reversible heart or lung disorders.

After the first outbreak of the hantavirus in 1993, doctors in New Mexico pioneered the use of ECMO for hanta victims, and University Hospital, in Albuquerque, New Mexico, quickly became the premier hanta treatment center.

To undergo the ECMO procedure, patients are placed on a special bed that rotates from side to side, which decreases pressure on the skin and helps move the secretion in the lungs. As the heart or lungs improve, the amount of ECMO support is slowly decreased until the patient can function on his or her own. Those who are strong enough to be removed from the machine are typically placed on a ventilator for a few days to several weeks. —M.M.



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Montana

There were tubes running into my nose and mouth.

After five and a half days, I was finally taken off ECMO, and moved to a respirator. Five days later I started to wake up. My family and friends were at my bedside, and a string of doctors came in and introduced themselves. That's when they told me I had the hantavirus. I was speechless. Like most people in the Southwest who were aware of this disease, I thought hanta was always fatal.

Slowly, I recovered from the shock of the news, but I hardly recognized my body. I had ballooned to 170 pounds from the fluid retention. Hanta had affected my circulation as well. My right quadriceps was numb and tingly, and my left arm was weak and useless. I had lost all muscle tone. After twenty-four days in the hospital, I was released, and went to stay with friends in Santa Fe.

When scientists heard that I'd been restoring an old house infested with mice, they suspected I got hanta at Clothier Place. Microbiologists went to the ranch, trapped mice and took blood and saliva samples. The mice's DNA samples of the virus were an exact match to mine.

One of the most frightening things about hanta is that you don't even need to touch a mouse to contract it. It's found in their droppings, dried urine and nesting materials, and can be inhaled once it's airborne. That's why it's important to stay away from abandoned buildings and woodpiles where mice nest. Also, never sweep or vacuum mouse droppings without first spraying the area with diluted bleach, which kills the virus.

Most hanta victims experience flu-like symptoms and difficulty breathing, but there's no cure or vaccine available. Typically, patients need heart stimulants to boost their cardiovascular systems. The ECMO machine has offered great advances in treating the disease, but even now, only half the patients survive.

Three months after I contracted hanta, I had finally recovered enough to follow up on my mammogram results. When I discovered that I had breast cancer, I was devastated that I had to face another health crisis. I had a mastectomy on March 2[illegible]. All told, my medical bills came to at least $250,000, and I didn't have insurance. Thankfully, the state of New Mexico's indigent fund covered most of the charges.

In April 1996, I started seeing a therapist who counsels breast-cancer survivors. We talked a lot about loss—the loss of my relationship with Tom and the loss of my old self. Acknowledging my grief was a first step toward rebuilding a new life.

While I was recuperating, I began to read about Buddhism, and about being mindful and learning to live in the present. Today, I work four days a week as a veterinary technician at an animal clinic in Santa Fe. I don't get paid a lot, but after surviving hanta and kicking cancer, I feel determined to give back to others.

It was especially important for me to return to the University Hospital to thank the people who took care of me. They were incredibly moved. "Nobody ever comes back to say thank you," they said. I offered to visit with family members who had a loved one on ECMO. It wasn't long before two families of hanta victims asked to speak with me. The first patient, a young woman from Gallup, New Mexico, didn't make it. But the second patient was a teenage girl. I sat with her when she was on ECMO, and we kept in touch by e-mail when she went home to recuperate. I saw her again when she came back to Albuquerque for a follow-up study on hanta survivors. So far there are only five of us.

Before I got sick, I used to tell my friend Ginger that I wanted a simple life. Ironically, hanta is the thing that changed it—for the better. From the struggles grew a wisdom that I would not have before. I used to be afraid of failure. Now challenges seem like opportunities. Life is too short to dwell on the imperfections—especially when there's living proof that miracles happen every day. ●

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Quote of the Month

"I've always been very skeptical about marriage, because I only want to do it once; I want to do it the right way."

—Sandra Bullock, on *Showbiz This Week*

ENERGY BOOSTERS

Most potential home buyers consider size, location and price before making an offer on a house. Now the Environmental Protection Agency (EPA) is making it easier for buyers to identify houses that are energy efficient, too. To get the EPA's new Energy Star label, a house must use at least 30 percent less energy than a set national average. Typical Energy Star home features include tight seals on windows and doors, extra insulation, and high-efficiency heating and cooling systems. For more information, call the EPA's hotline at 888-782-7937.

—Valerie Morris, *Your Money*

STRONGER HEARTS

Nearly five million Americans suffer from congestive heart failure—a condition in which the heart cannot pump enough blood to meet the body's demands. Now there is good news for women who suffer from the disease. According to a recent study, female patients live twice as long as their male counterparts. "Hormonal differences between men and women could affect the way they respond to the heart-failure state," says Kirkwood Adams, Jr., M.D., professor of medicine and radiology at the University of North Carolina, in Chapel Hill. These results challenge earlier research suggesting women's survival advantage might come from the differences in treatment men and women receive. However, scientists caution, larger studies are needed.

—Rhonda Rowland, *Your Health*



NEW SKIN CANCER TEST

A blood test may help predict the course of malignant melanoma, the most dangerous form of skin cancer. Donald Morton, M.D., of the John Wayne Cancer Institute, in Santa Monica, California, says the test helps identify those at greatest risk of cancer recurrence. "If it's positive, the patients will have a seventy-six percent chance of a recurrence within five years," says Morton. If negative, eight in ten will not have a return of cancer over that time. Although the test is not yet approved by the FDA, clinical trials are under way. Researchers hope the test will help determine the best treatment and the frequency of exams.

—Dan Rutz, *Your Health*

Watch CNN's *Your Health* for the week's top medical news (Saturdays, 2:30 P.M. and Sundays, 2 P.M., E.T.) and *Your Money* for personal finance (Saturdays, 7 A.M. and 4:30 P.M., E.T.).



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BORED WITH THE OLD NINE-TO-FIVE? THEN TRY SOME OF THESE OFFBEAT JOBS ON FOR SIZE

BY JUDITH NEWMAN



SHAWNA PARIZO

Job: Ice cream taster for Ben & Jerry's. ("Actually, they call me the Sensory Analyst.")

Vital Stats: Twenty-seven, single; lives in Montpelier, Vermont.

Background: Parizo got a degree in education before getting a job at Ben & Jerry's as a scooper in her hometown of Waterbury, Vermont. While there, she took training courses in sensory evaluation—which taught her how to become a "top tongue."

What Makes Her Taste Buds Better? "Well, the experience of eating ice cream every day of my life makes me knowledgeable—but my taste buds aren't really any better than anyone else's," she admits.

Her Biggest Ice-Cream Triumph: Phish Food. "It's this concoction of milk chocolate, caramel, marshmallow swirl and fish-shaped fudge chunks that I championed. It's named after the rock band; they got their start around here. Phish Food has become one of our top sellers."

Her Ice-Cream Waterloo: "I guess that would have to be peanut butter and jelly," Parizo says with a sigh. "We thought it would have this Baby Boomer appeal—a kick-back to the favorite sandwich of our youth. It was peanut butter ice cream with jelly swirl and these bread-like pieces in it." Even after the recipe was modified some, it tanked.

Want This Job? Many colleges offer degrees in food science and consumer marketing; some companies will train people themselves.

Big Bucks: $40,000 to $60,000 a year.

The Food She Craves: Not surprisingly, it isn't ice cream. "Oh, don't get me wrong; I love it," Parizo says. "But I'm more of a potato-chip person."



ELLEN SIROT

Job: The Cindy Crawford of hand and foot modeling.

Vital Stats: Thirty-three, married; lives in Westchester County, New York.

Background: In 1989, Sirot was a dancer looking for a way to support her art. A casting director told her she had great legs, and should think about parts modeling. Then an agent who specialized in legs told her, "Well, your legs are good—but your feet are great."

Big Break: At her first audition, Sirot tried out for a Dr. Scholl's ad and beat out fifty other pairs of feet. Her agent then told her to start taking care of her hands, since there's even more work for hand models.

Claims to Fame: Her feet have been in every magazine from *Allure* to *Vogue*. Her hands have sold products ranging from Certs to Häagen-Dazs to Skippy peanut butter. *(continued)*

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(continued)

Managing Those Assets: Sirot is, by her own admission, obsessive about foot and hand care. For her feet: nothing but sneakers and other ultra-comfortable shoes, usually worn a size too large. On the day of a shoot, she keeps her legs elevated so the blood doesn't rush to her feet, causing veins to protrude. Also, because a model's hands should have as little muscle as possible, Sirot can do nothing around the house—no cooking, no scrubbing. She exfoliates regularly, moisturizes twenty times a day and wears gloves everywhere; her hands have not seen the sun in eight years. Every night both feet and hands are slathered in Vaseline, her feet are covered in socks, and then wrapped in plastic bags. "My husband is very understanding about all this," she says.

Want This Job? For foot modeling, toes have to be in a sequential line downward, very symmetrical; each toe must lie flat, and can't be knuckly. And all of your toenails—even the pinkie—must be rather large. Hands must be small-boned, extremely slender, unmuscled, evenly colored, and with strong nails where the pink area is very pink and the white area very white.

Big Bucks: About $300 an hour. A top parts model can earn around $100,000 a year. "It's the best part-time job in the world," Sirot says.



JACKIE STATHIS

Job: Seat filler (and now owner of Seatfillers and More . . ., near Los Angeles, an organization that recruits seat fillers).

Vital Stats: Thirty-three, married, four kids. Also owns a hair salon.

Background: Stathis had been a hairstylist for twelve years, when one day her aunt gave her two tickets to the American Music Awards. Stathis was in the nosebleed section, but she noticed people up front who were constantly getting in and out of their seats. She found out they were seat fillers. "In televised award shows, the director doesn't like to see any empty seats in the first fifteen rows. So regular folks are recruited, and whenever a star or other guest gets up in the middle of the show, the seat filler moves in."

Claims to Fame: Stathis has filled seats at the Grammy Awards, the MTV Awards, you name it—in fact, she's worked every major awards show except the Oscars. "There's this rule at the Oscars that seat fillers have to work for the Academy or know someone at Price-Waterhouse, the accounting firm that tallies the results," she says. "Don't ask me why."

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Want This Job? Write Stathis at Seatfillers, Box 2890, Victorville, CA 92399. Enclose a picture and résumé, and if you're selected for a show you'll receive an acceptance letter, a parking pass and instructions. "People who apply come from all walks of life: everyone from doctors and lawyers to mechanics and college students."

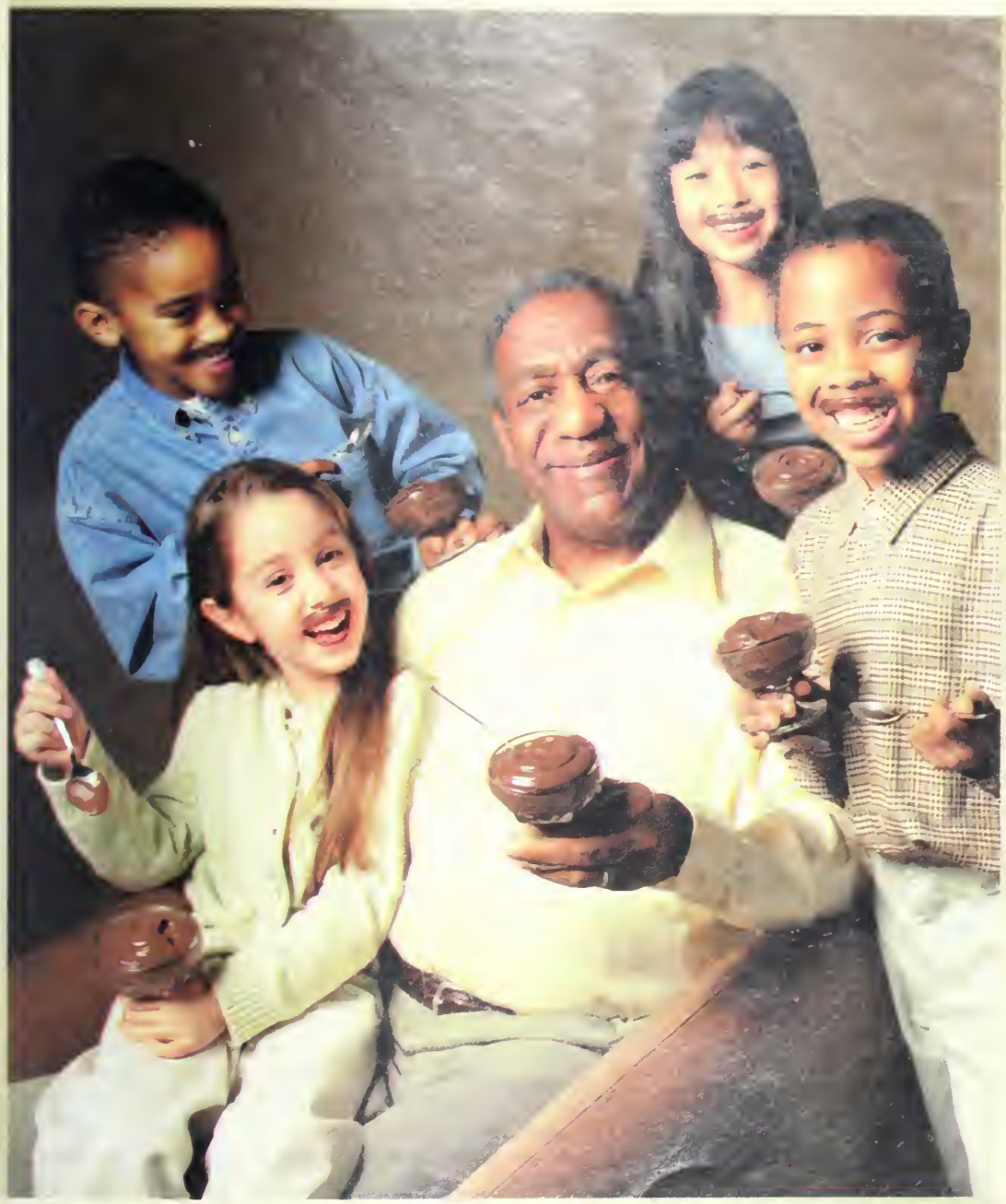
The Perks: Close encounters with celebrities. "Patti LaBelle was so sweet. She chatted with me at the Soul Train Music Awards. She was also nervous. She kept asking me, 'Does my hair look okay?'"

The Downside: Close encounters with celebrities. "Some can be downright rude. Billy Ray Cyrus kept asking me if I wanted to keep his water bottle, as if it would be some great souvenir. And once, Michael Bolton said to a co-worker, 'Do you know who I am? I'm a star.' She was like, 'Good for you!'"

The Even Bigger Downside: While tickets for these events usually cost about $1,000—and seat fillers get to go for free—there's no pay. Zip. Plus, you usually have to get very dressed up, must show up hours early, and you can't bring a coat because there's no coat check (a real problem in cold weather). Still, in this celebrity-mad culture, "you can't believe how many people apply to be seat fillers," adds Stathis.

Don't Take This Job If: You're starstruck. "One of our seat fillers was sitting next to the Artist Formerly Known as Prince, and she was so overcome with emotion she passed out." *(continued)*

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LA SIMPSON

Job: Pet psychic ("although I don't like the *P* word. I prefer 'animal communicator' ").

Vital Stats: Forty-three, unmarried; lives in Finland, Minnesota, with five cats, two horses, a Newfoundland and a garrulous African gray parrot who "likes to freak out the dog by asking him if he wants to go for a walk."

Background: Simpson, formerly a social worker for humans, always knew she had a special relationship with animals. She was five or six years old when she realized that though she could hear animals talk, others could not. Far from worrying that her daughter was nuts, Simpson's mother would use the family cat to get her daughter to behave. "Mother would say something like, 'Puff thinks it would be good for you to clean up your room now, so she can lie on your bed.' "

Big Break: After quitting social services several years ago, Simpson took a job as a receptionist for a (human) psychic, and would often talk to clients before her boss got on the phone. "One day my boss said to me, 'You know, you're very intuitive. You could do this for a living.' " Simpson already knew she wanted to work with animals. So she hooked up with a popular pet psychic, who gave her overflow clients.

Her M.O.: She works mostly from pictures and telephone conversations with clients. Simpson doesn't like to be in the same room as the animal she's reading: "If I get too close to the animal, I don't see everything." When she holds a picture in her hand, she gets a "fizzy" sensation.

Pet Projects: Finding lost animals: Simpson has an 80 percent success rate. She also diagnoses sickness and interprets behavioral problems. One client was a girl whose cat would always pee on her new boyfriend's shoes. "I read the cat, and it was clear the cat didn't trust this man. Shortly afterward the girl found out he had lied to her about virtually everything. He had never held a steady job, and had been married numerous times. He tried to present himself as Mr. Wonderful. But the cat knew."

Pet Peeves: Owners who don't appreciate their pets—or her. "This woman lost her cat. I told her to place an ad in the paper, and a woman in her forties would return the cat, which was somewhere within two miles of her house. She got her cat back—which had been twenty miles away, not two. So the woman refused to pay me. People expect this to be an exact science. I'm often wrong about some details, but right about the overall picture."

Weirdest Psychic Connection: "I'd guess I'd have to say when I read the iguana. He was ill, and his owner was frantic. I picked up that he had eaten something he shouldn't have, and I told her he would be all right; just let nature take its course. Turns out he ate one of the back posts of his owner's earrings."

Big Bucks: Fifty dollars for a half-hour session, minimum.

Want This Job? Spend some time working for a psychic, and see how intuitive you really are. "It's a gift," says Simpson. "You either have it or you don't."

TRUE, SOME JOBS DEMAND SPECIAL TALENTS. BUT IF YOU CAN READ AN ANIMAL'S MIND, YOU'RE IN BUSINESS!



Mickie McGowan

Job: Professional laugher (also screamer, grunter, groaner—she specializes in voices for cartoons).

Vital Stats: Fiftyish, divorced, two sons; lives in Los Angeles.

Background: After raising her children and getting divorced, she decided to enroll in a cartoon-voiceover class Mel Blanc—the voice of Bugs Bunny, among others—was giving at a local synagogue. Shortly thereafter, the director of *Who Framed Roger Rabbit* discovered her talent for mooing, and let her dub the cattle scene.

Claims to Fame: Did the thirsty camel in *Aladdin*; played the cockroach waitress in *A Bug's Life*.

What People Say When She Tells Them About Her Job: "They all ask me to do a Donald Duck impression. Then they want me to listen to their Donald Duck impression."

The Big Bucks: Someone with a versatile animation voice can earn anywhere from $50,000 to $1 million a year.

Want This Job? Get your tape recorder, wait till no one's around, and start trying out voices. Screams, laughs, animal sounds: "Whatever you think you're good at." Then, says McGowan, "see if you can find a class in your area, make a demo tape, and go looking for an agent who specializes in voiceovers. It helps if you're a good actor."

The Secret to Her Success: Whiskey and cigarettes. "I don't drink anymore, but I used to—and if I didn't smoke, I wouldn't have the voice I have."



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CHER SHARES

The ultimate survivor tells all about her six years of celibacy, accepting her daughter's lesbianism, and why she believes in life after love. By David Naylor

"Up until Sonny's death, nobody wanted to know me," says Cher. "I wouldn't be at all surprised if he's up there taking care of me."

Q: **Last year, when you turned fifty-two, you said that your fifties "suck." What did you mean?**

CHER: What I actually said was that I've been forty and I've been fifty, and forty is better. But since I said that, everything seems to have gone right for me. I had a big hit with "Believe" and I'm the most surprised of anybody.

Q: **Tell me about your latest film role in director Franco Zeffirelli's *Tea With Mussolini*?**

CHER: I play Elsa, a tart with a heart. When Franco asked me to play her, he said that I was the only actress he wanted for the role. It's always seductive when a director, especially a man, says that.

Q: **Your two children, Chastity and Elijah, are grown-up now. Do you think you have been a good mother to them?**

CHER: I've been quite strict, but I'm the first person they call in a crisis. Chastity comes home a lot, and Elijah is living with me at the moment. I'm proud of them both.

Q: **How did you feel when your daughter came out as a lesbian at nineteen?**

CHER: It was really difficult for me to accept that my daughter was gay. We got into a huge fight about it, and it took me at least a month to begin to come to terms with it. I felt that I had failed as a parent. But now she talks to me about her girlfriends and tells me that most of the men I go out with are unsuitable. She thinks I should go out with singer k.d. lang! We don't have any secrets anymore, and she knows that I'm always there for her.

Q: **Your son also went through a rebellious phase, wearing women's clothing and saying that he looked far prettier than you did. How did you handle that?**

CHER: After what I went through with Chas, I could cope with Elijah. But he's not gay. He was trying out a new look for his band and he was into glam rock at the time.

Q: **Your parents split up when you were very young, and your mother married eight times, including twice to your father. How did that affect you?**

CHER: My father wasn't really there for me at all. My parents kept getting back together, but only for a minute. My sister and I led insane, chaotic lives as children, but my mother managed to instill in us the basic rules of honesty and helping other people when they are in trouble.

Q: **Does it bother you that people are so fascinated by your cosmetic surgery?**

CHER: People seem to pick on me more than anybody else. Cosmetic surgery gives me a lift and a little more security, which, in my job, can be useful.

Q: **Do you worry what people think about you?**

CHER: I don't care anymore. Lots of times I've been hurt by it, but it's part of the job. It shouldn't be, but it is.

Q: **You've had a colorful lovelife. You were married to Chastity's father, Sonny Bono, and then Elijah's father, Gregg Allman, and you've had relationships with Tom Cruise, Val Kilmer, Richie Sambora, David Geffen and Rob Camilletti. Would you say you have been promiscuous?**

CHER: People think I'm a lot wilder than I actually am. For example, when I married Gregg, just because he was doing drugs everybody thought I must be doing them, too. I've never jumped straight into bed with guys. I need to

(continued on page 142)

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Don't weigh me down! Each team has to step up to this giant scale

THE TOWN THAT LOST 3,560 LBS.

Call it the diet capital. In this Iowa community, hundreds of citizens are battling the bulge together

By Cynthia Hanson

At quarter to seven P.M., the Commercial Club Park Pavilion, in Dyersville, Iowa, is filling up fast. With its wide stage and expansive hardwood floor, the banquet hall is a popular place for wedding receptions and fund-raisers. But soon, a very different event will take place here: a combination pep rally, support group and educational seminar for all 452 members of "Fight the Fat," the community's second annual weight-loss challenge.

The setting couldn't be more festive—starting with the life-size renderings of weight-loss guru Richard Simmons flanking the entrance. On the stage sits a giant cardboard fat meter showing that the group has dropped 1,131 pounds since the program began just two weeks earlier. Red and blue balloons float above signs like "To eat is a necessity . . . but to eat intelligently is an art." The participants—divided into fifty-one teams—are all *(continued)*



A weekly "Fight the Fat" meeting; the giant fat meter downtown



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SURGEON GENERAL'S WARNING: Cigarette

ting T-shirts emblazoned with the name of their groups, such as the "Melt Away Mammas."

During the ten-week program, they come here each Tuesday to get expert advice on shedding pounds and to gain inspiration. Ranging in age from eighteen to eighty, they are mothers and daughters, husbands and wives, farmers and bankers, teachers and business owners. But mostly, they are women—a mere 23 of the 452 are men.

At seven P.M. sharp, Bobbi Schell, forty-two, an organizer of "Fight the Fat," takes the stage.

"This week's first-place team, with fifty-seven pounds lost, is 'Lean on Me,'" Schell announces.

While everyone breaks into song—"Hail to the Weekly Winner"—the ten ladies of "Lean on Me" cheer and applaud their success.

Still, the fight has just begun.

Never Say Diet

A rural community, Dyersville is best known as the site of the 1989 box-office smash *Field of Dreams*. Now, it's also becoming famous for "Fight the Fat."

The program began when representatives from Mercy Health Center, St. Mary's Unit, in Dyersville, convened community leaders in January 1998 to discuss topics for education seminars. More than half were linked to weight loss and exercise. As they talked, the idea for a weight-loss challenge emerged.

Initially, the three people put in charge—Schell, a supervisor in rehab services at Mercy; Jane Clemen, forty-five, Mercy's dietitian; and Mary Rekemeyer, thirty, director of Total Fitness Rec Center, a co-sponsor of "Fight the Fat"—hoped to recruit one hundred dieters. They set a 2,000-pound goal—or one to two pounds per person per week. "We thought it would be cute to be known as the town that lost a ton," says Schell, who has dropped forty-three pounds since the program began (see "Yo-Yo Dieter," above). However, after 383 people joined—enough for forty teams—they boosted the goal to 4,000 pounds.

In Dyersville, diet is a four-letter word. Many residents have lost weight on commercial diets only to gain it back—and then some. So "Fight the Fat" was conceived to promote weight loss through healthy living, not deprivation.

Rather than being restricted to a menu of steamed broccoli and broiled fish, members, who pay a $30 enrollment fee, are urged to eat three balanced meals a day, control portions, drink eight glasses of water per day and substitute low-fat ingredients in recipes.

"If you tell people never to eat pizza or chocolate cake again, you're setting them up for failure," says Clemen. "I tell them it's okay to eat the foods you like—in smaller amounts and not as often."

To ease sedentary participants into workout mode, Rekemeyer developed beginners' classes in power-walking, aerobics and muscle-sculpting. (During "Fight the Fat," members can attend ten classes at the Rec Center for free.) "Once people saw that exercise made losing much easier, they started taking classes regularly."

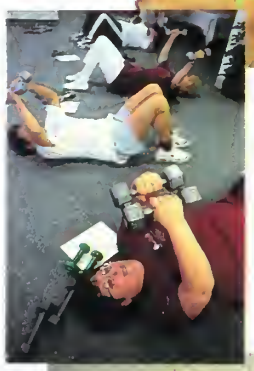
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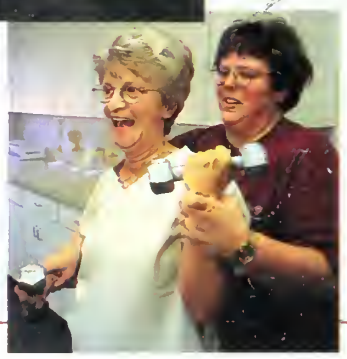
Organizers say they never worried too much that they wouldn't meet their goal the first year (in fact, they were just two pounds shy). In a town where everybody knows your name (and business), the peer pressure to lose weight—and keep it off—is intense. Sixty percent of those surveyed six months after the 1998 program had maintained their new weight.

"You can't go to McDonald's and order a Big Mac without the cashier raising her eyebrow or making a comment," says Bobbi, *(continued)*

YO-YO DIETER







NAME: Bobbi Schell. **AGE:** 42
POUNDS LOST: 18
HISTORY: "I've always been overweight. In my twenties, I lost fifty pounds through various diets, but I always put the weight back on."
DIET MAKEOVER: "I drank water instead of soda and cut back on fried foods. I also stopped eating out as much and grabbing fast food on the run. Now I plan and shop for a week's worth of quick and easy low-fat meals every weekend. If I'm on the road during my lunch hour, I stop at a supermarket for a turkey sandwich and cut-up vegetables. I used to skip breakfast, but now I make it my biggest meal of the day."
EXERCISE: "I work out on the treadmill during my lunch hour. Two nights a week, I also teach an interval training class, with power-walking and weight-lifting. And on weekends, I go to the Rec Center to use the machines or play basketball with my kids. Cross-training prevents boredom."
BEST LESSON LEARNED: "The importance of taking time for myself. I've been so busy taking care of my family that I didn't build time into my schedule for exercise."
NEW ATTITUDE: "I don't let the scale dictate my self-esteem. Even though I still have almost one hundred pounds to lose, I celebrate each success as it comes, like dropping two clothing sizes!"

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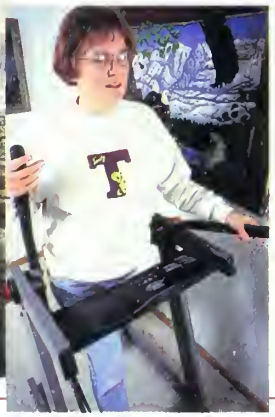


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WE ARE FAMILY

NAMES: The Deutmeyer sisters—Brenda Boge, Yvonne Demmer, Karen Kluesner, Ellen Smith and Bev Vaske
AGES: 42 to 53
TOTAL POUNDS LOST: 29
HISTORY: These sisters were raised on meat and potatoes. "We've always had weight problems," says Boge, who lost eight pounds. Adds Smith, also down eight pounds: "We're what you call 'wholesome.'" In 1998, the five sisters lost 69.5 pounds on the program.
DIET MAKEOVER: The sisters now opt for low-fat foods and watch calories. They've also reduced portions, cut back on sweets and started drinking water—up to 100 ounces a day for Smith. "It quenches my hunger," she says. Kluesner, the biggest loser, at 8.5 pounds, stopped snacking between meals.
EXERCISE: Power-walking and step-aerobics (other members of the group did kickboxing). "Not only did exercise help me lose weight," says Kluesner, "it gave me more energy."
BEST LESSON LEARNED: Exercise as a daily habit. "It was too cold to walk outside this year," says Demmer, who dropped twelve pounds during the first "Fight the Fat" but only four in 1999. "Doing aerobics twice a week wasn't enough to lose weight."

THEY LOST 3,560 POUNDS

Continued

"So you order a grilled chicken sandwich."

The challenge is also serious business. Members of "Fight the Fat" compete on two levels—as individuals and as teams of six to ten. Everyone goes for weekly individual weigh-ins at designated locations, and two group weigh-ins on the truck scale downtown. The top "losers" win memberships to the local health club.

Take the ladies of "Lean on Me." After each Tuesday seminar, they'd get together to report on their individual progress and plot their strategy for the upcoming week. Members were fined $1 for every pound they gained and every glass of water they didn't drink. "It was an excellent motivational tool," says Patti Bell, fifty-one, who has lost twenty-eight pounds over the last two years. "We also called each other to say, 'Stay focused. We're in this together.'"

Indeed, public scrutiny and rivalry aside, support is really the cornerstone of "Fight the Fat." "I've never seen anything like it," says M.J. Smith, a registered dietitian in Guttenberg, Iowa, and author of *All-American Low-Fat and No-Fat Meals in Minutes* (John Wiley, 1997). "When you enter a room filled with hundreds of people sharing the same goal, the enthusiasm is contagious. The cheers, the music, the banners, the teams—that community spirit makes all the difference."

In fact, the entire town stood firmly behind the campaign. Local restaurants highlighted low-fat items on their menus, and supermarkets pointed out healthy products on their shelves. Dieters walking through town flashed a "thumbs-up" when they ran into one another.

Pounds-a-Weigh

It's just after five P.M. on March 22—the final group weigh-in.

"I'm taking my shoes off," Yvonne Demmer, forty-two, yells to her sister. "Other people are taking theirs off."

Demmer belongs to "Sisters Plus," a fun-loving group of five sisters and five friends who lost 100 pounds in 1998, but struggled this year (see "We Are Family," above). A wise-cracking blond, Demmer is looking for any advantage at the weigh-in.

Since four P.M., members of "Fight the Fat" have been doffing layers of clothes before hopping on the platform scale outside—a thirty-foot slab of beige cement that can hold up to 50,000 pounds of corn and soybean meal. The actual weighing mechanism is inside, operated by Steve Thier, whose T-shirt reads "Weighmaster." Outside, Bobbi Schell stands next to the scale, waving a black pom-pom and snapping photos. A boom box blasts a techno-pop tune. One after the other, the teams step on the scale and await the verdict.

The Big Moment

By seven-thirty P.M., the dieters are getting restless. Back at the Commercial Club *(continued on page 142)*



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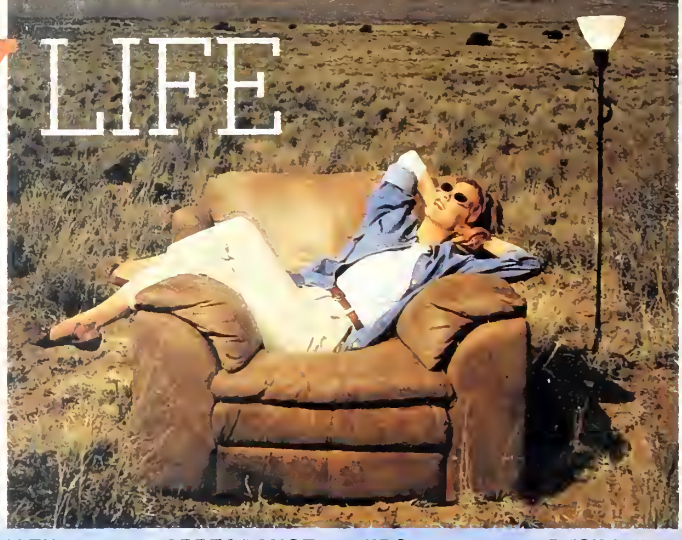
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THE EASY LIFE

If you could have *anything* to make your days simpler, what would you ask for? Here, wish lists from four busy moms.
By Michele Bender





Vivien Levy, 32, public relations, New Castle, NY. Kids: Tyler, 13 months

HOME
I'd have a gym and spa in my house, equipped with top-of-the-line workout machines, a sauna, Jacuzzi and masseuse.

WORK
My office would be outfitted with ergonomically correct furniture. I often get cricks in my neck and back.

HEALTH
I'd be immune to every little bug that my son, Tyler, brings home from his playgroup.

APPEARANCE
A personal tailor would make my clothes fit perfectly. I'm petite, so everything I buy has to be altered.

KIDS
I'd have the ideal sitter: a combination of a family member, Harvard professor and early-childhood educator.

BEST LUXURY OF ALL
Every day, we'd get our meals prepared and delivered by our favorite gourmet food shop.



Linda Coco, 38, full-time mom, Whitefish, MT. Kids: Kara, 11, and Drew, 8

I'd have a driveway that repels snow so I'd never have to shovel it. We have long winters here.

My cleaning efforts would last a whole week. Now, minutes after I sweep the kitchen floor, the Crumb Monster leaves another mess.

I'd have perfect vision. Then I wouldn't have to mess with putting in my contact lenses—or go for high-tech surgery.

My hair would be like that of a seventies Crissy Doll, which had a knob that you could turn to make her hair shorter or longer.

My children would wake up promptly, pop out of bed with a smile, and be perfectly groomed and at the breakfast table in minutes.

I'd have a full staff: a maid, butler, gardener and dishwasher. This would free up time for my kids, my husband—and *me*.



Courtney Schrieve, 30, communications, Olympia, WA. Kids: Hallie, 3, and a baby

I'd hire a decorator who'd bring character to our rooms. After four years of living here, all the walls are still white.

My office would have on-site child care so I could see my kids during the day.

My idol, Paul Newman, would give me cooking lessons and a lifetime supply of his all-natural products.

A personal shopper would clean out my closet. She'd buy me new outfits and give me a chart explaining what goes with what.

I'd have a loft for my kids to play in. Then I'd never have a cluttered living room.

I'd buy a jet and hire a pilot. Then my far-flung relatives could spend more time with my children, and my husband and I could be alone more often.



Teresa Wasdin, 36, full-time mom, McDonough, GA. Kids: Jake, 5, and Perry, 2

I'd have a room that's mine alone. It would have soundproof walls so I could relax without being interrupted.

A live-in nanny would take care of the undesirable parts of child-rearing: changing diapers, wiping noses, refereeing fights.

I'd be able to eat anything I wanted—especially desserts—and never gain weight.

A stylist would get me ready each morning. She'd do my hair and makeup and have an outfit pressed and ready for me to wear.

A chauffeur would drive my kids around all day—to school, the doctor's office, ball practice and anywhere else they need to go.

A genie would fulfill my every desire. She'd get me what I want and where I want it from—pizza from Chicago and shoes from Italy.


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SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.

By Catherine Fredman

HOW TO

TREAT A BEE STING

Would that we could just tell bothersome bees to "buzz off!" Instead, these pests plague us at picnics and patrolls through the park, and the next thing we know, Zing! Zap! Ouch! "When you get stung by a bee, the venom sac remains attached to the stinger and releases venom even after the bee flies away," explains Susie Dillon, M.D., a Wilderness Medical Society bite-and-sting guru. If you get stung, she suggests taking the following steps. Of course, if you're allergic, get help immediately.



STEP 1 Don't squeeze the site; that only pushes more venom into your flesh. Remove the sac by scraping or flicking off the stinger with your fingernail, a credit card or even a little stick.



STEP 2 The sting may swell to a hard lump and become increasingly sore, with pain peaking in the next 24 to 48 hours. Place something cold, like a can of iced soda, on the bite to reduce swelling.



STEP 3 Take an anti-inflammatory, such as ibuprofen, as soon as possible, or an analgesic, such as acetaminophen, to relieve the pain and further reduce any swelling.



HOW TO

Build A SAND CASTLE

Skip the Styrofoam cup. According to Sons of the Beach, a group of sand sculptors in South Padre Island, Texas, whose work appears in the Guinness Book of World Records, all you need are your two hands, some plastic cutlery and plenty of the grainy stuff.

1. Start by digging a hole down to the water table. Water is the glue that holds the sand together, so you want an accessible source. The sand should be like wet cement.

2. Scoop out a double handful of the wet sand and dribble it onto your site. Gently jiggle the deposit to evenly distribute the water and flatten the sand. Repeat until you have a stack of solidly packed sand.

3. Start at the top and sculpt the basic shape. Use your knife to cut an upside-down V for a sloped roof. Shave corners to form a cone, then hollow out arches. To get fancy, use your plastic fork to scratch columns or the knife to square up windows.

HOW TO

Remember A Telephone Number

As if to torture us, more and more local phone companies are switching to ten-digit dialing. And we thought seven were hard to remember! For help, we turned to two-time National Memory Champion Tatiana Cooley. In competitions, she memorizes long strings of random digits using the following methods:

CODE THE INFORMATION in a new format. Cooley both visualizes the entire sequence and recites it out loud. Another trick: Recite the numbers once, wait a few minutes, then recite them again.



GROUP THE [illegible] "It's harder to remember one thing at a time," says Cooley. To her, the number above is not ten individual digits, it's four: 515-284 37-43.

LOOK FOR FAVORITE NUMBERS OR ASSOCIATIONS Take 284-3743. Two into eight equals four. Seven minus four equals three. Maybe you graduated in '84, or got married at age 28.

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"Hugh's wishes were the only ones that mattered," says Michele, shown here with her daughters, Bridget and Keeley

"Let my husband die"

He was in a vegetative state, with no hope of recovery. But when Michele Finn finally decided it was time to let her husband go, she found herself fighting both her family and the government. By Kathryn Casey

I looked at Hugh in that hospital bed. I knew he didn't want to live that way," says Michele Finn, thirty-nine, as she sits in the kitchen of her home near Louisville, Kentucky. Tears fill her eyes. "I did what I had to do."

For fourteen years, Michele and Hugh Finn had seemed to have the perfect life. Hugh, a former news anchor at the local NBC TV station, was a loving husband and father to their two daughters. Michele was a devoted mom.

But on March 9, 1995, their family was ripped apart. A car accident on an icy morning left Hugh severely brain-damaged and in a coma. For more than three years, Michele prayed for a miracle. Then, in May 1998, she made the difficult decision to remove the feeding tube that was keeping her husband alive.

Thus began a battle that pitted her against everyone from Hugh's parents to state officials who were determined to stop her. "I didn't have any choice," says Michele. "Hugh's wishes were the only ones that mattered."

A Frightening Premonition

Michele remembers feeling a strange foreboding that last morning she and Hugh spent together. As she was leaving for her part-time job at a local department store, she stopped and turned to Hugh. "Did I give you a kiss good-bye?" she asked.

"Yep, but I'll take another," he said, smiling.

We'll never be this way again, Michele suddenly thought as she looked at her family. *(continued)*

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This Summary describes Synvisc, a prescription formulation of hylan G-F 20 for knee pain due to osteoarthritis. Please read it carefully. Only your doctor has the training necessary to weigh the benefits and risks of Synvisc therapy for you. Contact your doctor if you have any questions.

WHAT IS SYNVISC?
Synvisc is a viscous and elastic sterile mixture made up of hylan G-F 20 fluid, hylan B gel, and salt water. The two hylans are manufactured from hyaluronan (sodium hyaluronate) that comes from chicken combs. Hyaluronan is a natural chemical found in the body and is present in a particularly high amount in joint tissues and in the fluid that fills the joint. The body's own hyaluronan acts like a lubricant and a shock absorber in the joint, and is needed for the joint to function properly. In osteoarthritis, there may not be enough hyaluronan, and there may be a change in the quality of the hyaluronan in the joint fluid and tissues. Synvisc has comparable viscous and elastic properties to synovial fluid of 18- to 27-year-old healthy donors. Synvisc is given by a series of injections directly into your knee.

WHAT IS SYNVISC USED FOR?
Synvisc is used to relieve knee pain due to osteoarthritis. It is used for patients who have not got adequate relief from simple painkillers or from exercise and physical therapy. The most pain relief and the greatest amount of treatment success occurred 8 to 12 weeks after Synvisc treatment began.

HOW CAN I GET MORE INFORMATION ABOUT SYNVISC?
If you have any questions or would like to find out more about Synvisc, you may call Wyeth Laboratories Inc., at 1-800-99-WYETH or fax (610) 964-5999.

CONTRAINDICATIONS
- Do not administer to patients with known hypersensitivity (allergy) to hyaluronan (sodium hyaluronate) preparations.
- Do not inject Synvisc in the knees of patients having knee joint infections or skin diseases or infections in the area of the injection site.

WARNINGS
- Do not concomitantly use disinfectants containing quartemary ammonium salts for skin preparation because hyaluronan can precipitate in their presence.
- Do not inject Synvisc extra-articularly, or into the synovial tissues and capsule. One such systemic adverse event occurred following extra-articular injections of Synvisc in clinical use outside the U.S.
- Intravascular injections of Synvisc may cause systemic adverse events.

PRECAUTIONS
General
- The effectiveness of a single treatment cycle of less than three injections of Synvisc has not been established.
- The safety and effectiveness of Synvisc in locations other than the knee and for conditions other than osteoarthritis have not been established.
- Do not inject anesthetics or other medications into the knee joint during Synvisc therapy. Such medications may dilute Synvisc and affect its safety and effectiveness.
- Use caution when injecting Synvisc into patients who are allergic to avian proteins, feathers, and egg products.
- The safety and effectiveness of Synvisc in severely inflamed knee joints have not been established.
- Strict asepbc administration technique must be followed.
- STERILE CONTENTS. The syringe is intended for single use. The contents of the syringe must be used immediately after its packaging is opened. Discard any unused Synvisc.
- Do not use Synvisc if package is opened or damaged. Store in original packaging (protected from light) at room temperature below 86°F (30°C). DO NOT FREEZE.
- Remove synovial fluid or effusion, if present, before injecting Synvisc.
- Synvisc should be used with caution when there is evidence of lymphatic or venous stasis in that leg.

Information for Patients
- Provide patients with a copy of the Patient Labeling prior to use.
- Transient pain and/or swelling of the injected joint may occur after intra-articular injection of Synvisc.
- As with any invasive joint procedure, it is recommended that the patient avoid any strenuous activities or prolonged weight-bearing activities such as jogging or tennis following the intra-articular injection.
- The safety and effectiveness of repeat treatment cycles of Synvisc have not been established.
- The packaging of this product contains dry natural rubber latex.

Use in Specific Populations
- **Pregnancy:** The safety and effectiveness of Synvisc have not been established in pregnant women.
- **Nursing mothers:** It is not known if Synvisc is excreted in human milk. The safety and effectiveness of Synvisc have not been established in lactating women.
- The safety and effectiveness of Synvisc have not been established in children.

ADVERSE EVENTS
A total of 511 patients (559 knees) received 1771 injections in seven clinical trials of Synvisc. There were 39 reports in 37 patients (2.2% of injections, 7.2% of patients) of knee pain and/or swelling after these injections.
Ten patients (10 knees) were treated with arthrocentesis and removal of joint effusion. Two additional patients (two knees) received treatment with intra-articular steroids. Two patients (two knees) received NSAIDs. One of these patients also received arthrocentesis. One patient was treated with arthroscopy. The remaining patients with adverse events localized to the knee received no treatment or only analgesics.
Systemic adverse events each occurred in 10 (2.0%) of the Synvisc-treated patients. There was one case each of rash (thorax and back) and itching of the skin following Synvisc injections in these studies. These symptoms did not recur when these patients received additional Synvisc injections. The remaining generalized adverse events reported were one each: cramps, hemorrhoid problems, ankle edema, muscle pain, tonsillitis with nausea, tachyarrhythmia, phlebitis with varicosities and low back pain. In three concurrently controlled clinical trials with a total of 112 patients who received Synvisc and 110 patients who received either saline arthrocentesis, there were no statistically significant differences in the numbers or types of adverse events between the group of patients who received Synvisc and the group that received control treatment. In clinical use in Canada (since 1992) and Sweden (since 1995), the most common adverse events reported have been pain, swelling and effusion in the injected knees. Other adverse events reported with one case each of: generalized urticaria; recurring small hives; pain on one side of the body with nausea, anxiety and listlessness; facial flushing, swelling of lips; nausea with dizziness; and shivering with headache, nausea, respiratory difficulties; and prickling in body which did not occur after subsequent Synvisc injections. No cases of anaphylaxis or anaphylactoid reactions have been reported. No deaths have been associated with the use of Synvisc. Intra-articular infections did not occur in any of the clinical trials, but have occurred in clinical use following Synvisc injections.

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This summary provides the most important information about Synvisc. If you want to read more, ask your doctor or pharmacist to let you see the professional labeling.
This Brief Summary for Direct-to-Consumer advertising is based on current Synvisc Physician Insert, CI 5014-4, Revised December 1998.

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"LET MY HUSBAND DIE"

Continued

She'd had another premonition one day eighteen years earlier, that she was about to meet someone special. That person was Hugh.

He was five years older, and Michele was immediately attracted to him. They were married in May 1981. In 1985, Keeley was born; Bridget followed in 1990.

"Michele and Hugh had one of the best marriages I've ever seen," recalls his sister, Karen. "They always operated as a team."

The couple often discussed the news stories Hugh reported. One case they had particularly strong feelings about was that of Martha Sue DeGrella, a Kentucky woman in a persistent vegetative state (PVS), unresponsive and unable to feel pain or communicate. In 1993, DeGrella's mother went to court to have her daughter's feeding tube disconnected, to allow her to die.

Hugh said "he would not want to be in a situation where he had no ability to have a life," Michele remembers.

That March day after Michele left for work, Hugh drove Bridget and Keeley to the school bus stop. As he navigated the icy roads, an oncoming car slid out of control and crashed into his small pickup.

Bridget and Keeley were taken to Kosair Children's Hospital, in Louisville, where they were treated for broken bones. But at University of Louisville Hospital, Hugh was barely clinging to life. "I was afraid he would die before I got there," says Michele, wiping away a tear.

At the hospital, a doctor explained that Hugh had suffered a traumatic brain injury when his head snapped back violently. "Does your husband have a living will?" he asked.

"No," Michele told him.

Several hours later, Hugh's aorta ruptured and he needed immedi-



y. "They said people rarely rough that type of injury," e remembers. "I was abso- levastated."

he doctors operated, Michele *God, let it be however it's sup- be.*

r, the surgeons told her that heart had stopped twice dur- gery, depriving his brain of On the Glasgow coma scale, measures consciousness from severe coma) to fifteen (nor- nsciousness), Hugh had regis- a seven or eight when he at the hospital. After surgery, a score of four.

iele gazed down at her hus- nd cried.

ıg for a Miracle

e next few weeks, Michele ıours at Hugh's side. Surgeons d a shunt into his brain to xcess fluid, and a feeding tube ; stomach.

ɔt mixed messages. Some doc- ıd nurses said not to expect recover. Others said there was Michele recalls. Each night, and Bridget asked about their "I told them, 'All we can do and see,'" she says.

se first few weeks, Hugh d to make progress. He was d from the respirator and d signs of emerging from the He began to make indecipher- ounds, and drifted through ; and sleeping cycles. Yet he t respond to sound or touch.

the hospital's suggestion, le transferred him to a reha- tion center. After three ıs, the therapists there told le that there was little hope Hugh would improve. They

ttle of Life and Death

esters rallied nst the removal of h's feeding tube; nele gave a press ference to speak on Hugh's behalf

[illegible] to [illegible] hos- [illegible] didn't [illegible] re- [illegible] was [illegible] to ve- [illegible] Shore [illegible] high [illegible] the [illegible] Rehabilitation [illegible] Institute in Philadelphia, which does specialize in treating brain injuries.

Family members would later disagree about whether they saw any improvement in Hugh's condition during his stay at Moss. Michele's sister, Elaine Glazier, who lived near Philadelphia, would contend she saw a man who at times was in touch with his surroundings. Hugh's father, Thomas Finn, agrees. "Hugh was in there," he says. Once, he insists, his son even finished a stanza to "The Star-Spangled Banner."

Michele saw little evidence of progress. "He'd do something, and you'd think maybe he was going to get better," she recalls. "Then the next day you'd be totally devastated that he didn't do anything. It was a roller coaster of hope and despair."

The day after Christmas, doctors apparently decided they saw no signs of hope. Again Michele was advised to find a nursing home for Hugh.

That evaluation sent her into a deep depression. "I came to accept that he wasn't going to get any better," she says.

Then, in February, Elaine called to say that Hugh was communicating through hand signals. Michele rushed to Moss, remembers Hugh's sister, Karen. The doctors tested Hugh. "They said . . . there's just no way."

Days later, Hugh was transferred to Annaburg Manor Nursing Home, in Manassas, Virginia, near his parents' home. Four or five times a year, Michele made the trip to see him. Each time, she would become depressed. When the children visited their father, they tried to prompt him to respond. When he didn't, they cried. "It was awful," Michele says.

Hugh's condition weighed on Michele heavily. Convinced he wouldn't want to be kept alive, she signed orders that he not be resuscitated if his heart stopped or be treated if he suffered an infection. One day she asked a [illegible] *(continued)*



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what situation could the feeding tube be disconnected?"

"He has to be diagnosed in a persistent vegetative state," the nurse replied

"I knew Hugh didn't want to be kept alive," says Michele. "But I felt I had no choice."

Her Husband's Wishes

Then, in May 1998, Michele was informed that Hugh's doctor, Robin B. Merlino, M.D., had determined that Hugh was now in a persistent vegetative state. Two other doctors examined Hugh and concurred with the diagnosis.

Michele contacted her family attorney, Ken Sales, for advice. She told him she was considering having Hugh's feeding tube removed. Sales recounted a conversation he'd had with Hugh during the DeGrella case. Hugh had said that he'd never want to be kept alive if he were severely brain-injured. Sales was about to draw up a living will for Hugh at the time of the accident. He hadn't told Michele earlier because he didn't think she was ready to give up hope.

Michele now felt certain of her husband's wishes, yet she sensed there would be trouble ahead. Hugh's parents still believed he might recover. "I knew they weren't in the same place I was," she says.

To explain the situation, Michele arranged a meeting with Merlino and Hugh's family.

"I explained that there was no hope of recovery and that Hugh was being kept alive artificially," says Merlino. She also told the family about the Virginia law, which is similar to laws in twenty-eight other states, permitting the guardian of a person in PVS to discontinue lifesaving treatment—including artificial feedings and hydration—after making a good-faith effort to determine the patient's wishes.

"Hugh's parents weren't ready to accept it," Michele says. "I o them, 'If it takes my last breath I going to do this for Hugh.'"

Without the feeding tube, h could be expected to live no o than two weeks. Merlino assu Michele he would feel no pain.

To allow his family time to good-bye, Michele scheduled th moval of the feeding tube for Jul On June 18, she brought her d ters to see their father for the time. Despite some initial ang Michele's decision, Keeley had to agree. "I wanted my dad able to go up to heaven," she sa

But on July 17, Michele le



Hugh, says Michele, was a dedicated

that John Finn, one of Hugh's b ers, had filed an emergency inj tion requesting the court to re Michele as Hugh's guardian couldn't believe it," she says.

The court appointed a tempo guardian to investigate Hugh's At a hearing twelve days la Michele walked into the courtr to find not only her husband's f ly, but her own mother and si who believed there was still a ch Hugh could recover, lined up ag her. Only Hugh's sister, Karen, ported her.

Hugh's family told the judge it was against Hugh's beliefs Catholic to disconnect the fee tube. Furthermore, they didn't lieve Hugh was in a persistent veg tive state. To counter, Miche attorney put Merlino on the stan testify that Hugh was indeed in P

Elizabeth Munro von Keller, h court-appointed *(continued on page*

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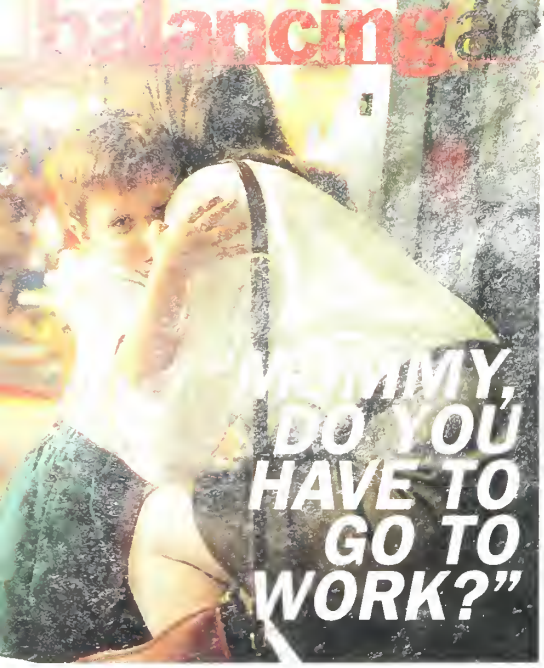
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balancing act

By Mary C. Hickey



IT'S A SCENE OUT OF A WORKING MOTHER'S NIGHTMARE: YOU'RE RACING OUT THE DOOR, ALREADY LATE, WHEN YOUR TODDLER GRABS YOU BY THE LEG AND BEGS "Mommy, please don't leave!" What's the best way to respond?

"Calmly tell your child you must go to work," says Maurice Elias, Ph.D., co-author of *Emotionally Intelligent Parenting* (Harmony, 1999). "Explain that all family members have responsibilities. His include picking up his toys. Yours include going to work." Then reassure him by making plans for doing something special when you come home.

Also, acknowledge your child's feelings by saying, "I know it's hard for you when I go to work; I miss you, too," suggests Marcie Pitt-Catsouphes, director of the Center for Work and Family at Boston College. "It's critical that you communicate your comfort with your decision to work," she adds. "Children will pick up on your anxiety. That anxiety—not the fact that you're working—is what can make them feel so distressed.

"What I Do For Me"

"I'm a soccer mom in every sense of the term. My daughters—Rachel, nine, and Sarah, six—are both avid soccer players, and I've spent a lot of time on the sidelines. Recently, I joined an adult women's soccer team myself—the Soccer Moms. We play when the kids are at school, one or two days a week. It's relaxing, it's great physical exercise, and it's tons of fun."

—Robin Bernstein, 35, Livingston, New Jersey

What do you do for yourself for a respite to life's many demands? We're looking for terrific ideas to share in this column. E-mail yours to Doforme@mdp.com.

WOMEN TO LEARN FROM



VITAL STATS: Michelle A. Dunn, 32, of Holderness, New Hampshire; recently remarried; two sons, ages 8 and 11, from previous marriage.

HER PROBLEM: After divorcing three years ago, Michelle wanted to spend more time with her kids. But her job kept her away from home from 7 A.M. to 7 P.M daily. "I barely saw the boys during the week."

HER SOLUTION: She started a home-based business, M.A.D. Collection Agency. Now she works when the boys are at school or asleep. "I've got a lot of flexibility," she says. "I feel I've become a much bigger part of their lives."

HOW SHE DID IT: As a former credit manager at a large distribution firm, Michelle knows how hard it can be for companies to collect on outstanding bills. So she set up a business to help firms go after their debtors. "I'd worked with outside collections agencies before, so I made it a point to improve on the ways they did their business." Her first client was her former employer; she now has close to 150 clients nationwide.

WHAT SHE'S PROUD OF: That she's able to earn as much as she did at her last job—$42,000—without having to punch a clock.

WHAT SHE CAN'T LIVE WITHOUT: "My supportive family, my computer, and lots of coffee."

IS YOUR LIFE IN BALANCE?

1. **List your top priorities (career success, family time, etc.). How many do you have?**
   (A) One or two (B) Three to five (C) More than five
2. **How do you feel about asking for help?**
   (A) I don't need to; I do things better myself.
   (B) I don't like to; I feel I should be able to manage.
   (C) I accept all the help I can get.
3. **When it comes to saying no, I find it**
   (A) Not difficult at all.
   (B) Somewhat difficult.
   (C) No? What does no mean?
4. **How much time do you make for yourself?**
   (A) At least an hour a day, maybe more.
   (B) I'm lucky if I can get a half hour.
   (C) I never seem to have time for me.
5. **Are you happy?**
   (A) Rarely (B) Most of the time (C) Always

HOW DID YOU SCORE?

1. Smart answer: B. "Three to five things are the most anyone can juggle at once," says Laura Berman Fortgang, a career coach and author of *Take Yourself to the Top* (Warner Books, 1998). A single priority suggests your life is lopsided; six or more mean it's time to pare down.

2. Smart answer: C. Acknowledging that you need help is one of the keys to finding balance, says Pamela Gilberd, author of *The Twelfth Commandment of Wildly Successful Women* (Chandler House Press, 1999).

3. Smart answer: A. "Part of having a balanced life is not trying to do too much," says Gilberd, "and that entails being able to decline when asked to add to your load."

4. While answer A is optimal, B can be good enough. "If you don't take care of yourself, you won't be capable of taking care of anyone else," says Berman Fortgang.

5. Your happiness is the best barometer of your personal balancing act, so the best answers are B and, ideally, C.



Patient Choice

If you ignore it, maybe it will go away.

`oday, most of us can se the physicians who will ide our medical care, ding, importantly, the sur- . who will perform any ation we may need. It's way we can ensure that have the best possible lt from any medical proce- . But Americans may not this choice much longer. ıge is coming to our ın's health care system, changes now under con- ation could limit your to consult with the quali- specialist of your choice. At the American College ırgeons, we support initia- to improve health care. ɔelieve maintaining patient ce is crucial to maintain- ıigh standards of care.

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TEST YOUR SURVIVAL SKILLS

Would you know what to do if you got heatstroke? Or if an undertow was dragging you out to sea? Take our quiz—then learn how to triumph over summer's dangers

By Sharlene K. Johnson

It's the season for sun, sand, vacation—and all too often, a trip to the emergency room. According to the National Center for Injury Prevention and Control, in Atlanta, accidents cause almost seventy thousand deaths and millions of injuries every year. And summer, with its outdoor activities, can be the most hazardous time of all for you and your family.

Do you know how to handle common warm-weather safety dilemmas? To put your skills to the test, choose your response to each of the scenarios here. Then turn to the experts' advice on page 71 and see if you'd survive when danger strikes.

1 You're hiking and you suddenly encounter a bear with two cubs. Your smartest strategy:

A) Stand your ground and talk to the bear.
B) Climb the nearest tree.
C) Run.

2 As a kid, you loved setting off fireworks. Now that you're a parent, you realize they can be very dangerous. To be safe, you:

A) Make sure a fire extinguisher or a bucket of water is handy.
B) Allow only children older than fourteen to use fireworks and supervise them closely.
C) Take your kids to see a professional fireworks display.

3 You and your neighbor pledge to go inline skating three mornings a week. She's a good skater who thinks safety gear is for kids. You:

A) Wear a helmet, knee pads, elbow pads and wrist guards. Hey, accidents happen.
B) Agree with her and explain to your eight-year-old that he, too, can stop wearing his safety gear—when he's much older.
C) Wear wrist guards, because you want to set a good example for your son, and you know that broken wrists are the most common skating injury.

4 Settling into your lounge chair at the beach one scorching hot morning, you reach into the cooler for a can of soda and realize you forgot to fill it with ice. The potato salad and fried chicken in the cooler still feel cold. You:

A) Plan to eat within three hours, so there's no chance of food poisoning.
B) Drive to the nearest convenience store to buy ice, or plan to eat within one hour.
C) Don't worry about it; the cooler will keep the food at a safe temperature until late afternoon, at least. *(continued)*

"I had a daydream about salad dressing. Is that weird?"



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5 **Your husband has finally agreed to help you build a rock garden. Several hours later, the hot, humid day is clearly getting to him (you feel fine, thanks to lots of water, a big straw hat and frequent breaks in the shade). You know it's a bad sign when:**
A) His skin is hot and dry.
B) His skin is cool, moist and pale.
C) He asks for yet another beer—and he's had three.

6 **Your lawn is looking grim: Dandelions and crabgrass seem to have taken over. You buy a top-selling weed killer. Before you spray, you make sure to:**
A) Read every inch of the label, then put on a long-sleeved shirt, pants, gloves, a filtration mask and goggles. You can never be too careful with pesticides.
B) Skim the label so you know how much to use.
C) Put on a filtration mask before you go to work. Breathing the spray is the biggest danger.

7 **A family road trip seemed like a good idea, but now the car is starting to overheat. The temperature gauge is in the red and wisps of steam are coming from under the hood. Your best response:**
A) Slow down and drive straight to the nearest service station.
B) Pull over immediately, remove the radiator cap and pour water or coolant into your radiator.
C) Pull off the road to a safe spot until the car cools. If you can't pull over immediately, turn on the heater to help pull heat away from the engine.



8 **Friends invite your family out on their new boat, but you notice there aren't enough life jackets. You opt to:**
A) Forget about it because you don't want to make a fuss—besides, everyone on the boat is a good swimmer.
B) Make sure each of the kids puts one on, then enjoy the day.
C) Borrow one from a neighboring boat (making sure it's up to code), or buy one from the fishing-tackle shop up the road.

9 **While golfing with yo husband, you hear something that sounds a lo like thunder. But the sun is shining and the only dark clouds appear to be miles away. You:**
A) Keep a close watch o the sky and get ready to find shelter when it star raining.
B) Pack up your clubs a head for home.
C) Continue playing. Lightning doesn't strike when the sun is shining; you probably just heard truck out on the highwa



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ART ETY TIPS

/ou ace the quiz? d on to find out.

.) If you're within fifty s of a bear, "the first you do is assume the t: You might get ged," says Dave Smith, or of *Backcountry Bear* cs (Mountaineers s, 1997). Your best Stand your ground and talking to the bear in an even tone of voice and get ready to use the weapon you've got.

"You don't want to run because flight often triggers pursuit. Talking helps the bear identify you as a human. **Bears are frightened of people and will likely retreat.**" Smith says. "As a general rule, tree climbing is out. Any quick moves can trigger a charge."

Don't move if the bear rears up. That's most likely the animal's effort to see and smell you better rather than a prelude to an attack. With any luck, the bear will decide you're best left alone. Though it might be hard to believe, Smith says the bear is probably as nervous as you are. If she goes back to digging up roots or berries, slowly back away.

If she starts coming toward you, again, hold your ground. A lot of bears will charge, but they see that you're stationary and ready, you'll scare yourself. They'll [illegible] makes five to fifteen yards away," Smith explains. "Then, with [illegible] you don't want to be the first to start taking steps backward." If the bear doesn't stop, hold your position until the last moment, then drop to the ground and play dead. **"Lie face down and put your hands over the top of your head with your legs spread a little bit so you are difficult to roll over,"** says Smith. "Most of the bites and blows tend to be directed at the head, neck and shoulders, so protect them as well as you can." Once the bear leaves, wait a while longer to be sure it's gone before you move.

To avoid bear encounters in the first place, pay attention to your surroundings. Making noise (clapping and talking; don't whistle, because that's the sound a nut makes—and bears find them tasty) will help alert bears to your presence so they can avoid you, too. Just don't get so caught up in conversation with a fellow hiker that you forget to stay alert. If you have kids, don't let them roam ahead, and be sure they practice what to do in case of a bear sighting.

2. (C) As any safety expert will tell you, you should leave pyrotechnics to the pros. In the past two years, U.S. emergency departments have treated nearly twenty thousand people, mostly children between the ages of five and fourteen, for fireworks-related injuries. In addition, fireworks cause tens *(continued on page 75)*



For strong bones, Kix has more calcium than any leading kids' cereal.



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to here.


MAKING SENSE
OUT OF THE
COMPLEXITIES OF
MENOPAUSE.

You may not even know you're losing estrogen, but the symptoms of menopause—*flashes, night sweats, vaginal dryness*—are signs of estrogen loss. Protecting yourself now is important because estrogen loss can lead to future health problems like *osteoporosis.*

PREMPRO CAN HELP.

tanding menopause and estrogen loss.

'e in menopause, significant changes are occurring your body. The hot flashes, night sweats, and vaginal s you may be experiencing are the signs that your producing less estrogen. PREMPRO can relieve these oms and help you feel better.

you have only mild hot flashes or night sweats, or s none at all, you are still losing estrogen during ause, and that can lead to osteoporosis, which can your future health. Many women begin to lose bone arly in menopause. In fact, a woman can lose up to f her bone mass in the first 5 to 7 years after ause begins, which could contribute to future fractures.

RO offers proven health benefits during and menopause.

:O, hormone replacement therapy, is prescribed for n who have not had a hysterectomy to relieve the fortable symptoms of menopause. PREMPRO is proven ve the hot flashes that can disrupt your days. It also tes the night sweats that can interrupt your sleep, may leave you tired and irritable the next day. With RO, you should stop experiencing these symptoms, within days of starting therapy.

weeks, PREMPRO can ease the discomfort of l dryness, that can interfere with sexual intimacy. nportantly, studies have shown that PREMPRO elps to protect against osteoporosis, by helping vent early bone loss and reducing hip and wrist 'es by approximately 60%.

-tablet PREMPRO.

end of multiple estrogens in PREMPRO is the same sed in the most widely studied of all estrogen cts. With PREMPRO, you can feel confident you tting the same blend of estrogens that women heir doctors have trusted for over 55 years ned with a progestin in one, convenient tablet.

can be side effects with PREMPRO.

gen can increase the risk of cancer of the uterus. stin combined with estrogen, as in PREMPRO, es this risk. If you have had a hysterectomy, you do not have this risk. Progestins may have unfavorable effects on blood sugars, which may worsen a diabetic condition. Side effects of PREMPRO include blood clots, nausea, vomiting, breast tenderness, and abdominal pain.

PREMPRO may not be right for every woman.

When you discuss taking PREMPRO with your doctor or other health care provider, be sure to discuss your personal and family medical history, including any breast cancer, uterine cancer, abnormal vaginal bleeding, abnormal blood clotting, stroke, heart disease, or liver disease. You should not take PREMPRO if you have had any of these conditions. Pregnant women should not take PREMPRO because of possible risk to the fetus.

Protect your health now with PREMPRO.

Now, more women than ever are taking an active role in their own health care. If you are in menopause, there's no better time to ask your doctor if PREMPRO is right for you. Taking PREMPRO today can relieve your uncomfortable symptoms, and may help protect you from osteoporosis. Speak to your doctor or health care provider now about the proven benefits of PREMPRO.

Please see the important information on the following page

SHOULD YOU SPEAK WITH YOUR DOCTOR ABOUT MENOPAUSE?

Have your periods stopped or become irregular?__

Have you started to experience hot flashes?__

Have you been unable to sleep or awakened because of excessive sweating?__

Has vaginal dryness interfered with sexual intimacy?__

Do you have a small frame or family history of osteoporosis?__

If you answered yes to any of these questions, you should speak to your doctor.

PREMPRO™

(conjugated estrogens/medroxyprogesterone acetate tablets)

0.625 mg/2.5 mg

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

PREMPRO™ Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

PREMPHASE Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

This [illegible] and [illegible] estrogen/progestin drugs and their benefits and risks of treatment

PREMPRO and PREMPHASE are a combination of two hormones, an estrogen and a progestin. The combination has been shown to provide the benefits of estrogen replacement therapy while [illegible] possible protection from cancer in the uterine lining. This therapy is not intended for [illegible] removal of the uterus).

[illegible] some risks. You must decide with your doctor whether the risks [illegible] against their benefits. The length of treatment with estrogens can vary [illegible] doctor will make sure you are using the lowest possible effective dose.

[illegible] PREMPHASE [illegible] menstrual-like bleeding patterns may occur. These may range [illegible] bleeding. If bleeding occurs, it is frequently light spotting or moderate [illegible] may be heavy. Please discuss your bleeding pattern and set up an appropriate [illegible] with your physician.

USES OF ESTROGEN

[illegible] symptoms. Estrogens are hormones produced by the ovaries of normal [illegible] the amount of estrogen that occurs in [illegible] women usually between the ages of 45 and 55, [illegible] ovaries are removed during an operation causing "surgical menopause." When [illegible] estrogens decrease. Some women develop very uncomfortable symptoms, such as feelings [illegible] and irritability, episodes of heat and sweating ("hot flashes" or "hot flush"). [illegible] estrogen drugs can help the body adjust to lower estrogen levels and reduce these symptoms. Some women [illegible] only mild menopausal symptoms. In others, symptoms can be severe. These symptoms may [illegible] months or longer. Taking PREMPRO or PREMPHASE can alleviate these symptoms. If you are not [illegible] for other reasons, such as the prevention of osteoporosis, you should take PREMPRO or PREMPHASE [illegible] need it for relief from your menopausal symptoms.

Treatment and prevention of osteoporosis. Osteoporosis is a thinning of the bones that makes them weaker and allows them [illegible]. The bones of the spine, wrists, and hips break most often in osteoporosis. Both men and women [illegible] bone mass after about age 40, but women lose bone mass faster after the menopause. Using estrogens [illegible] because slows down bone thinning and may prevent bones from breaking. Eating foods that are high in [illegible] dairy products or taking calcium supplements (1000 to 1500 milligrams per day) and certain types [illegible] exercise may also help prevent osteoporosis. Before you change your calcium intake or exercise habits, it is [illegible] discuss these lifestyle changes with your doctor to find out if they are safe for you. Since estrogen use [illegible] with some risks, its use for the prevention of osteoporosis should be limited to women who appear [illegible] this condition. The following characteristics are often present in women who are likely to develop [illegible] white or Asian race, small body frame, cigarette smoking, family history of osteoporosis, and [illegible] because.

[illegible] and vaginal atrophy. Itching, burning, dryness in or around the vagina, difficulty or burning on [illegible] associated with menopause.

WHO SHOULD NOT USE ESTROGENS

During pregnancy. If you think you may be pregnant, do not use any form of estrogen-containing drug. Using estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor. Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your doctor because you suspect that your vaginal bleeding is caused by menopause can delay the diagnosis of cancer of the uterus.

If you have had cancer. Some estrogens can increase the risk of certain types of cancer; you should not use estrogens if you have ever had cancer of the breast or uterus.

If you have any circulation problems. Estrogen drugs should not be used except in unusually special situations by women in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with [illegible] blood clotting conditions should avoid estrogen use (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

When they do not work. During menopause, some women develop nervous symptoms or depression. Estrogens do not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence for these claims, and such long-term [illegible] use may have serious risks.

When breastfeeding a baby. Estrogen should not be used to try to stop the breast from filling with milk after a baby is born. Such treatment may increase the risk of developing blood clots (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

If you are breast-feeding, you should [illegible] any drugs because many drugs pass through to the baby in the milk. While [illegible] a baby, you should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

[illegible] If you use any drug with [illegible] estrogen, it is important to visit your doctor regularly and [illegible] vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine [illegible] should evaluate any unusual vaginal bleeding to find out the cause. The risk of cancer of the [illegible] when estrogens are used alone, the longer they are used, and when larger doses are taken. There is a [illegible] of the uterus if you are overweight, diabetic, or have high blood pressure.

[illegible] women who take estrogen and progestin. This combination has been shown [illegible] replacement therapy for the **USES OF ESTROGENS** listed above, while reducing [illegible] (see **OTHER INFORMATION** below).

[illegible] with the addition of a progestin in estrogen treatment. The possible risks [illegible] as compared to Premarin alone, unfavorable effects on blood sugars, and [illegible] (see *Cancer of the breast*, below). Usually, the smaller the dose and the [illegible] effects is minimized. Check with your doctor to make sure you are [illegible] as long as you need it. If you have had your uterus removed, there is no [illegible] to be gained by using a combination estrogen/progestin product.

[illegible] shown a higher risk of breast cancer in women who have ever used [illegible] that breast cancer developed more often (up to twice the usual rate) in women who used estrogens for long periods of time (especially more than 10 years), or who used high doses for shorter time periods. The effects of added progestin on the risk of breast cancer are unknown. Some studies have reported a somewhat increased risk, even higher than the possible risk associated with estrogens alone, others have not. Regular breast examinations by a health professional and monthly self-examination are recommended for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Inflammation of the pancreas. Women with high triglyceride levels may have an increased risk of developing inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause [illegible] a heart attack, or a pulmonary embolus, any of which may cause death or serious long-term disability.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast [illegible] bone cancer.

During pregnancy. There is an increased risk of birth defects in children whose mothers take this drug during the first four months of pregnancy. Several reports suggest an association between mothers who take these drugs [illegible] first trimester of pregnancy and genital abnormalities in male and female babies. The risk to the male baby is [illegible] possibility of being born with a condition in which the opening of the penis is on the underside rather than [illegible] the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is about double [illegible] exposure to these drugs. There is not enough information to quantify the risk to exposed female fetuses. However, [illegible] enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the female [illegible] as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester of pregnancy. These drugs have been used as a test for pregnancy, but such use is no longer considered safe because of the [illegible] damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. If you take [illegible] PREMPRO or PREMPHASE and later find you were pregnant when you took it, be sure to discuss this with your [illegible] doctor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or progestin [illegible]:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen
- Yellowing of the skin and/or whites of the eyes
- Breast tenderness or enlargement
- Enlargement of benign tumors ("fibroids") of the uterus.
- Irregular bleeding or spotting
- Change in amount of cervical secretion.
- Vaginal yeast infections
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease.
- A spotty darkening of the skin, particularly on the face, reddening of the skin, skin rashes
- Worsening of porphyria
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses).
- Mental depression
- Involuntary muscle spasms
- Hair loss or abnormal hairiness
- Increase or decrease in weight
- Changes in sex drive
- Possible changes in blood sugar

REDUCING THE RISKS OF ESTROGEN/PROGESTIN USE

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly. While you are taking PREMPRO or PREMPHASE, it is important to visit your doctor at least once a year for a checkup. If you develop vaginal bleeding while taking estrogens, you may need [illegible] evaluation. If members of your family have had breast cancer or if you have ever had breast lumps or an abnormal mammogram (breast X-ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate your need for estrogens at least every six months.

Be alert for signs of trouble. Report these or any other unusual symptoms to your doctor immediately.

- Abnormal bleeding from the vagina
- Pains in the calves or chest, a sudden shortness of breath, or coughing blood
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numbness in arm or leg
- Breast lumps.
- Yellowing of the skin and/or whites of the eyes
- Pain, swelling, or tenderness in the abdomen

OTHER INFORMATION

Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the lining of the uterus. Taking progestins, another hormonal drug, with estrogens lowers the risk of developing this condition.

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on blood sugar, which might make a diabetic condition worse. Additional risks include a possible further increase in breast cancer risk which may be associated with long-term estrogen use.

Some research has shown that estrogens taken *without* progestins may protect women against developing heart disease. However, this is not certain. The protection shown may have been caused by the characteristics of the estrogen-treated women and not by the estrogen treatment itself. In general, treated women were slimmer, more physically active, and were less likely to have diabetes than the untreated women. These characteristics are known to protect against heart disease.

You are cautioned to discuss, in detail, with your doctor or health care provider all the possible risks and benefits of long-term estrogen and progestin treatment as they affect you personally.

If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

This Summary provides the most important information about PREMPRO and PREMPHASE. If you want to know more, ask your doctor or pharmacist to let you read the professional labeling.

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World Leadership in Women's Health Care

WYETH-AYERST LABORATORIES
Philadelphia, PA 19101

mmer safety guide

nued) of millions of dollars in rty damage every year.
e third of all eye injuries caused eworks result in permanent iess. Burns on the hands and s, the areas most commonly d, can leave disfiguring scars for aving a fire extinguisher handy upervising your kids closely may e the chance of an accident, but ake that risk?

) "Safety gear is for everyone," Kalinda Mathis, executive director International Inline Skating ciation. "Not only will it lessen your e of being injured, it will also ase your confidence."
ile the most common inline skating is to the wrist, **a helmet is your important piece of safety ment because head injuries tend more serious.** And don't skimp on st of the pads, either: You're more to fall properly—on your knees then onto your elbows and wrists—'re wearing knee and elbow pads. this recommends pads with plastic ings. Beyond simply cushioning fall, they should help you slide, spreads out the impact. Make your helmet fits securely and covers forehead, rather than tilting back.

) "Generally we say that food ld not be left out of refrigerator eratures for more than two hours. ety degrees or above, the cutoff is our," says Bessie Berry, manager e USDA Meat and Poultry Hotline. In cenario, the insulated cooler has the food reasonably cool, but e probably used up at least one of two hours just getting to the beach. nat reason, Berry says, "Plan to eat n one hour, or go get ice."
ou also can reduce the effects of and heat by burying the cooler ally in the sand, covering it with els or blankets, and shading it from sun with a beach umbrella. And it's od idea to pack drinks in a separate er, so you won't need to open the cooler as often.

A), (B) and (C) are all cause for cern. A hot, humid day increases risk for heatstroke, which can be l. Humidity slows the evaporation weat from the skin, which hampers the [illegible] system. A hard workout, [illegible] rocks for a garden, [illegible] factor. Dehydration [illegible] since alcohol is a diuretic, [illegible] beer (C) will make matters worse.

According to the American College of Emergency Physicians (ACEP) in Washington, D.C., heat-related illness usually comes in stages. The first signs are muscle cramps, profuse sweating, weakness, faintness or dizziness. The second stage symptoms are headache, nausea and cool, moist, pale skin (B). ACEP's prescription: Lie down in a cool place and sip a cool drink.

The third stage is heatstroke, which requires immediate medical attention. Signs include hot, dry, red skin (A); vomiting, a high temperature, lack of alertness, fainting, a change in blood pressure, hyperventilating and a rapid heartbeat. After calling for help, ACEP recommends having the person lie down in a cool place with his legs elevated. Loosen any tight clothing; if it's wet from perspiration, remove it. Fan him, and if he's fully alert, have him drink cool water. Place cool, wet cloths on his skin. You can also put ice packs at his armpits, wrists, ankles and groin.

To avoid heat-related illnesses, schedule physical activity for the coolest part of the day, drink plenty of water and take frequent breaks.

6. (A) When it comes to pesticides, caution is in order. The label is well-researched and has been approved by *(continued on page 79)*

Automobile crashes are the leading cause of accidental death for kids, so car seats are vital. But simply having one is not enough. A recent survey found that 85 percent of seats are installed incorrectly—which could leave your kids at risk. To help, *Ladies' Home Journal* has teamed up with the National SAFE KIDS Campaign to host free car-seat checks across the country. For dates and locations, visit LHJ's Web site at *www.lhj.com*, or the National SAFE KIDS Campaign Web site at *www.safekids.org*.

ADVERTISEMENT



Join Ladies' Home Journal, Better Homes and Gardens, Buick LeSabre and the National SAFE KIDS Campaign at these **Car-Seat Check Events and Safety Fairs** across the country...

PENNSYLVANIA

Date: Saturday, July 10
Location: JCPenney
Granite Run Mall
1067 West Baltimore Pike
Media, PA
Time: 11am–3pm

OHIO

Date: Saturday, July 17
Location: JCPenney
Parmatown Mall
7899 West Ridgewood Drive
Parma, OH
Time: 11am–3pm

KANSAS

Date: Saturday, July 31
Location: JCPenney
Oak Park Shopping Center
11801 West 95th Street
Overland Park, KS
Time: 11am–3pm

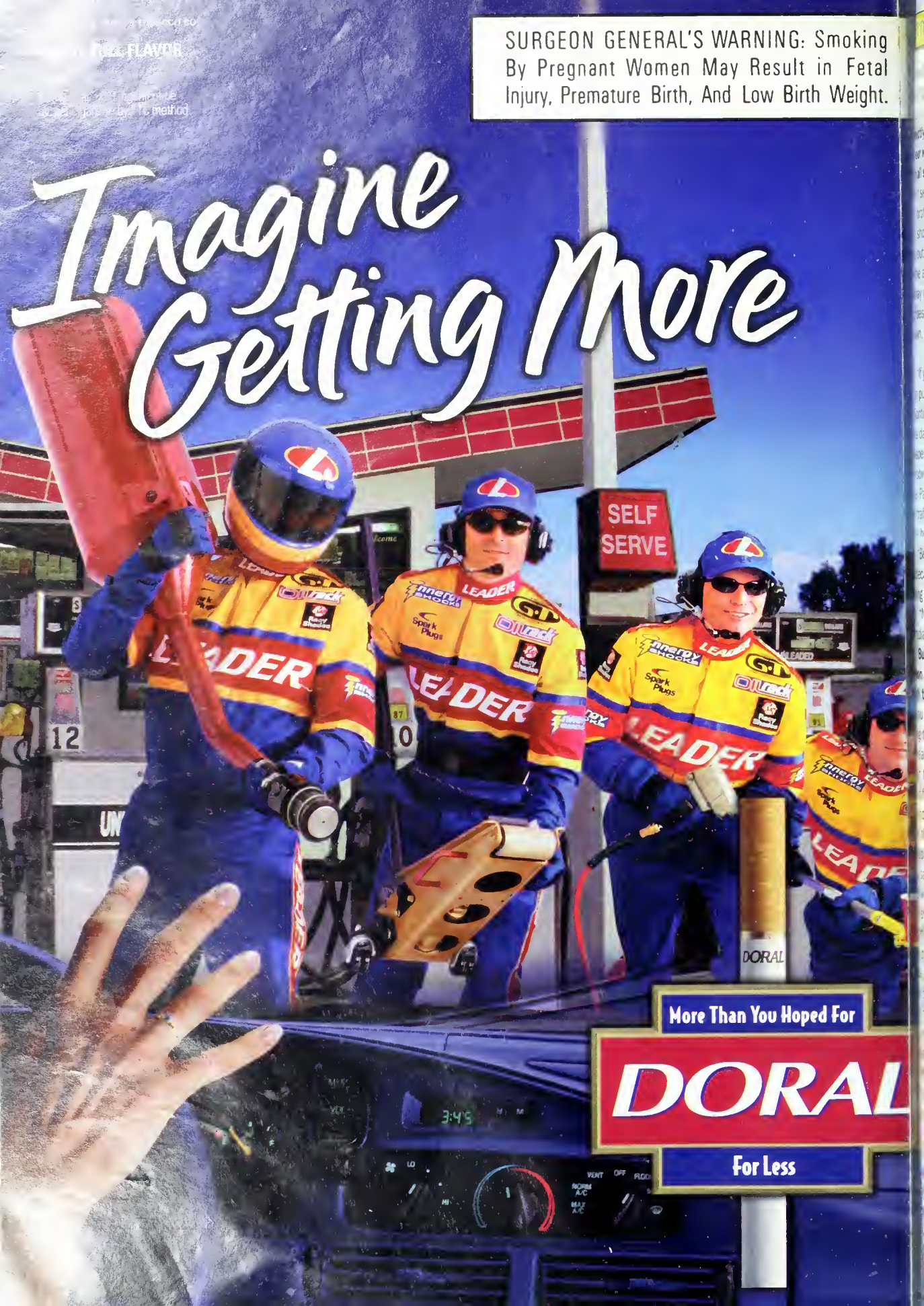
2000 LESABRE BY BUICK
PEACE OF MIND

REAR CHILD SEAT ANCHORS.
ANTI-LOCK BRAKES.
TIRE INFLATION MONITOR.
DAYTIME RUNNING LAMPS.
CATCHER'S MITT SEATS.
REMOTE KEYLESS ENTRY.

It's your primary concern.
And no other car in its class stacks up this well.*


Introducing
the 2000 LeSabre.
Re-engineered to be
safer than ever.
No other full-size car offers front Catcher's Mitt™ seats,* which help reduce
head motion in low-speed rear collisions. And child seat tether anchors,
which attach your child's safety seat more securely to the vehicle.
Get all the details on our free CD-ROM.
Visit www.lesabre.com or call 1-800-4A-BUICK.
2000 LESABRE BY BUICK
PEACE OF MIND
GM
©1999 GM Corp. All rights reserved. Buick and LeSabre are registered trademarks of GM Corp. Buckle up, America! *Based on R.L. Polk large sedan segment. Excludes other GM vehicles.

SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.



inued from page 75) the Environ- tal Protection Agency. Follow the uctions to the letter. **Used rectly, pesticides start showing our water supply, on our clothes, in all sorts of places.** on't skimp on goggles, a filtration k, protective clothing and gloves h should be impermeable and d outside the house), even if you the advice is excessive. Inhaling spray is not the only danger— cides can be absorbed through skin, too.

;) "If your vehicle overheats, you to pull over as soon as you safely Continuing to run the car can do us damage," says Mitch Fuqua, esperson for the American mobile Association, in Orlando, da. Park on the shoulder, completely f traffic, turn on your flashers and the hood to help the engine cool). "Be careful when you open the l because there could be steam ping from the radiator," Fuqua s. "No matter what, do not open radiator or even the reservoir on the ." **Built-up pressure can trigger an tion of water-coolant mixture hot gh to cause severe burns.** you can't pull over immediately, ing the heater on high may help heat away from the engine, gh that will make a minor, short- difference at best. (Turn off the onditioner—it creates more heat er the hood.) Air moving through radiator will help to keep things , says Fuqua, so you don't want low down. The lack of airflow is cars often overheat when stuck affic in the summer.

o prevent problems in the first e, check fluid levels regularly and in before any major trip. Auto s stores sell easy-to-use testers onfirm the proper ratio of water to lant. Finally, keep an eye on the perature gauge year-round. If it ts to climb, head to a service ion before you see red.

C) **Of the more than seven dred recreational boaters who die h year, nine out of ten are not ring a life jacket, according to . Coast Guard statistics.** While 's probably the most compelling reason to wear a flotation Device (PFD) (formally known as a life preserver) is to have enough available. Federal law requires that boat operators have a wearable PFD for everyone aboard. Some states go a step further and require that children wear a PFD. So don't worry about making a fuss. Also remember that newer inflatable PFDs are not for kids or for sports such as waterskiing. Children and poor swimmers and water skiers should wear only inherently buoyant life jackets, such as those made of foam.

9. (B) "The best thing to do is get off the golf course if there is even a remote threat of lightning," says Steven A. Rutledge, Ph.D., professor of atmospheric science at Colorado State University, in Fort Collins. **"Although the sun is shining, it's quite possible that you could be susceptible to a lightning flash."** If you can hear thunder, the storm is probably within fifteen miles.

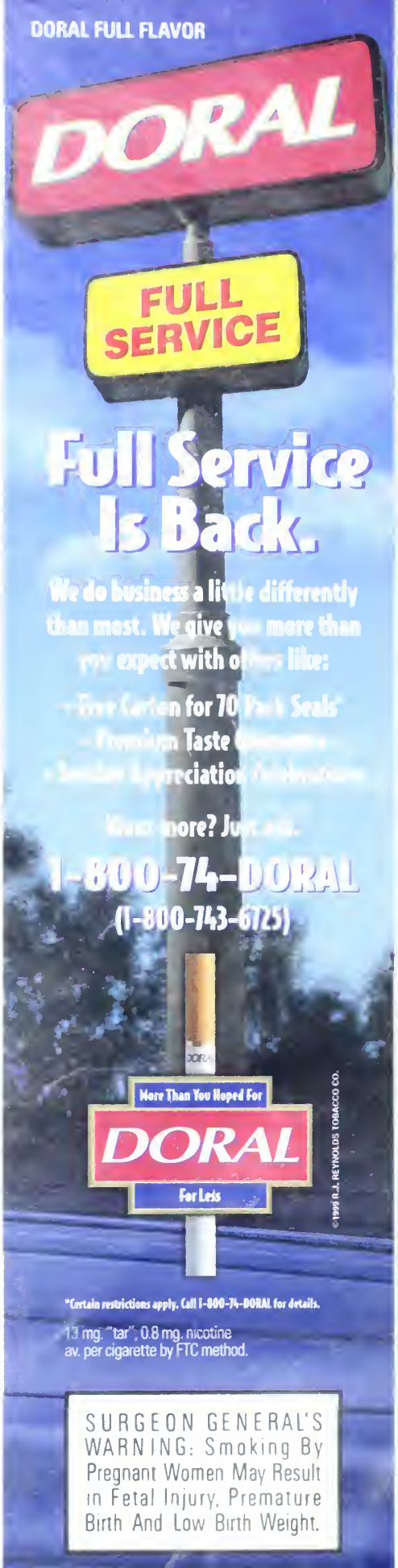
Be on the lookout for what scientists call an "anvil" cloud. Typical of afternoon thunderstorms, these clouds have a sheared-off, horizontal top and spread out beyond the storm. "The thing you want to avoid is being in an open area and being the highest object around," Rutledge says. Wearing shoes with metal golf spikes or holding a metal golf club also puts you at risk. If lightning is likely, some courses will blow a whistle or a siren. Take those warnings seriously. Your safety may depend on it.

10. (B) **If the undertow begins to carry you away from shore, don't try to swim against it by heading straight for the beach.** Instead, the American Red Cross advises swimming parallel to the shore. Once you're safely out of the undertow, turn and swim toward the beach.

If the current is pushing you parallel to the beach rather than out to sea, try to swim toward shore while moving with the current.

Even if you're only standing in breaking waves, if the undertow is strong enough to knock you down, get out of the water. And never ignore posted warnings, even if you consider yourself a strong swimmer. ●

Sharlene K. Johnson is a contributing editor to Ladies' Home Journal.



HOW SAFE IS YOUR HOUSE?

My friend and I thought our homes were childproof—until LHJ sent in a safety inspector. Would your house pass the test? By Randi Hutter Epstein, M.D.



Kids, don't try this at home

KITCHEN My three-year-old twins, Martha and Joseph, like to drag chairs to the counter, climb aboard and play. Angela Mickalide, Ph.D. (pictured, left), from the National SAFE KIDS Campaign, was not amused. Shari Alter, a friend who also agreed to undergo the home safety inspection, got kudos for her kitchen: Her countertop appliances are tucked far back against the wall where her kids can't reach them, and she cooks only on the back burners of her stove. But Mickalide gave her demerits for cleaning supplies stored under the sink without a child-resistant latch on the door.

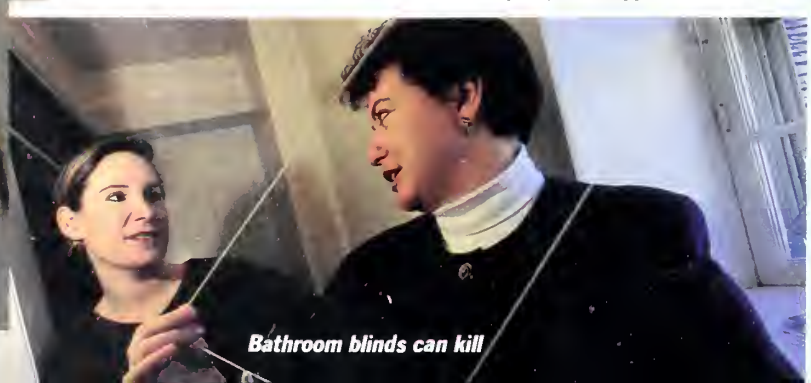
BATHROOM Shari's bathroom window has venetian blinds. Picking up the cord, Mickalide opened the strings like a noose to demonstrate how child's play can turn into a parent's nightmare. "You should tie them, or you can buy a cord clip for a few dollars," she says. Her bathtub safety pointer: Fill the tub with cold water first, then hot, and finish with cold. "That way, if a child mimics you and turns the water on, he reaches for cold and he avoids scalds." Before your kids get in the bath, swirl your hand through the water in a figure eight to check for hot spots, she suggests.



Preventing burns in the bath



Pretty-colored poisons



Bathroom blinds can kill



Help your child out of the jungle of allergies.

Zyrtec® (cetirizine HCl) is the only leading prescription antihistamine approved for kids as young as 2 years old.



Kids' allergies can seem like a jungle. But you can give kids as young as 2 years old Zyrtec Syrup for allergy relief. And Zyrtec Syrup can be safely used for allergies in children who also have mild to moderate asthma, based on studies of 6-11 year olds. Zyrtec Syrup:

- Has a fruity, banana-grape taste most kids like
- Does not cause hyperactivity
- A single dose lasts 24 hours

Ask your pediatrician about Zyrtec. And help your kids out of the jungle of allergies.

Zyrtec studies with children, most side effects were mild or moderate. Headache was the most common side effect. Others included sore throat and stomach ache. Drowsiness occurred in 2% to 4% children, depending on dose, compared to 1% taking placebo.

ZYRTEC® cetirizine HCl SYRUP

To learn more, ask your child's pediatrician or pharmacist. Call toll free 1-877-543-7354 for more information.

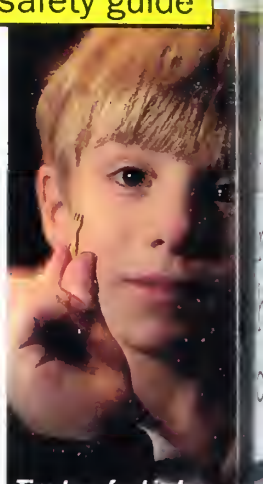
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exercised when driving a car or operating potentially dangerous machinery.
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CONTRAINDICATIONS
PRECAUTIONS Activities Requiring Mental Alertness:
operating potentially dangerous machinery. Concurrent use of
Drug-Drug Interactions
Impairment of Fertility
Pregnancy Category B
Nursing Mothers
Geriatric Use:
Pediatric Use:
ADVERSE REACTIONS
Table 1. Adverse Experiences Reported in Patients Aged 12 Years and Older in Placebo-Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence) ZYRTEC (N=2034) Placebo (N=1612) respectively:
Table 2. Adverse Experiences Reported in Pediatric Patients Aged 6 to 11 Years in Placebo-Controlled United States ZYRTEC Trials (5 or 10 mg Dose) Which Occurred at a Frequency of ≥ 2% in Either the 5-mg or the 10-mg ZYRTEC Group, and More Frequently Than in the Placebo Group ZYRTEC 5 mg (N=161), 10 mg (N=215) vs placebo (N=309):
Autonomic Nervous System:
Cardiovascular:
Central and Peripheral Nervous Systems:
Gastrointestinal:
Genitourinary:
Hearing and Vestibular:
Metabolic/Nutritional:
Musculoskeletal:
Psychiatric:
Respiratory System:
Reproductive:
Reticuloendothelial:
Skin:
Special Senses:
Vision:
Body as a Whole:
DRUG ABUSE AND DEPENDENCE
OVERDOSAGE
Manufactured/Marketed by U.S. Pharmaceuticals
Marketed by
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TOYS I knew the inspector would find nothing endearing about Martha's dollhouse, packed with miniatures, or Jack's toy hospital, fully equipped with ever-so-tiny stethoscopes and leg casts. My excuse: My children never put toys in their mouths. Mickalide's response: Accidents are by definition unexpected. Don't take chances. If a toy can fit into Mickalide's choke tube (pictured below), it is a choking hazard for children under the age of three.



Tiny toys for big boys

Shari and I have five-year-olds who yearn for toys to which toddlers should not have access. When Mickalide's own kids were young (they are now seven and five), she solved that by having her elder child designate a special place to play with such toys, out of her little brother's reach.



Inspector gadget

how our test was conducted

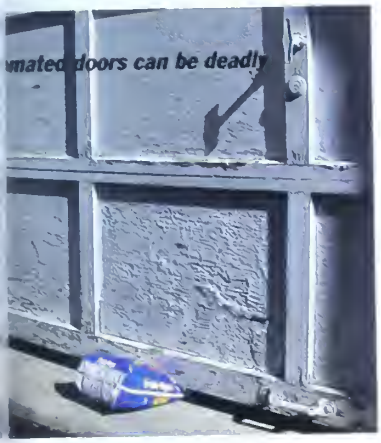
LHJ asked Angela Mickalide, Ph.D., program director of the National SAFE KIDS Campaign, in Washington, D.C., to inspect two families' homes—writer Randi Hutter Epstein, M.D., and her husband, Stuart, have a brownstone in New York City, and Shari and Robert Alter, M.D., live in a colonial in Livingston, New Jersey. Mickalide spent a full day scrutinizing every nook and cranny for possible dangers to the kids: The Epstein family includes Jack, five, and three-year-old twins, Martha and Joseph; the Alter clan is comprised of Kevin, five, and Alexa, three—and at the time of the testing, one on the way (Bryan was born on April 12).

Mickalide found dozens of violations. "We moms tend to think of the home as the safest place for our children," she says. "Yet every year, one in four children is injured seriously enough to require medical attention, and one third of those unintentional injuries occur at home."

Mickalide is determined to save thousands of children's lives through education. Preventable injuries are the leading killer of children in the United States, she told us. "What makes injury-prevention so appealing is that the interventions are relatively simple. And, by and large, the remedies are not expensive."

What's a mom to do when older kids want toys with tiny parts that can choke their younger siblings?





RAGE The Alters had a can of ticide on a low shelf in their garage. ckalide says such poisons should ays be stored in a locked cabinet. She o noted that the automatic closing chanism on their garage door did not e a sensor. A child could get crushed he closing door, as she illustrated h a bundle of diapers (above).

TSIDE Mickalide noted that the mulch Alters had put under their swing set been kicked away. "Soil and sticks dangerous. We have two hundred d eleven thousand playground injuries ery year, and nearly three quarters of m are due to falls from equipment." u need twelve inches of wood chips or lch underneath each swing. The air tween the chips cushions the falls.

DROOMS To me, Shari's kids' rooms emed so sweet and safe, but Mickalide's en eyes spotted a wobbly bookshelf sting on Kevin's desk. It should be ted to the wall, she told us. That was thing compared to the disaster at my use: Two of three beds failed inspection. artha and her big brother, Jack, have arming reproduction-antique beds, but ckalide said the pointed posts at the rners could pose strangulation hazards a loose piece of clothing *(continued)*



Migraines.
Do you have the latest news?

July is Migraine Management Awareness Month. The Mentholatum Company in cooperation with the Pain Management Council will be hosting a series of events to give you the latest news on managing migraine pain.

Internet Q&A hosted by the Pain Management Council will give you the opportunity to ask leading experts about migraine management techniques. Visit www.paincouncil.com to participate.

Food Network Watch "Eat Well, Be Well" minutes while tuning in to Food Network and learn how food affects migraines.

Migraine Health Reports will appear in July on the TV shows Great Day America (Pax TV) and Main Floor to give you tips on the latest migraine treatment and management techniques. Check your local listings for stations and times.

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Migraine Management Awareness Month℠

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got caught around one. And Jack has a bunk bed, not advised for children under age six.

Shari did get points for the brand-new crib for the baby. Mickalide advises parents to use only cribs built since 1991 because they comply with the Juvenile Products Manufacturers Association guidelines. Bars on older cribs may be spaced far enough apart to allow a child's head to get stuck. Other nursery guidelines: Babies should sleep with just a light blanket and no pillow or cushion. And sheets should fit snugly so the baby cannot lift the corner and get stuck underneath—several infants suffocate this way each year.

HOME OFFICE The letter opener seems harmless, but it's nearly as sharp as a knife. My kids also love to play with the jumble of cords from my computer. Mickalide told me to tie them neatly and tuck them away. Shari's halogen floor lamp got a double negative: Kids can topple floor lamps easily, and halogen bulbs emit intense heat that can burn instantly.

LIVING ROOM Shari and I have bottles of liquor accessible—another no-no. And Shari hadn't yet put up her baby gates. Until kids are two years old, you need one gate at the top and another one at the bottom of the staircase. Moreover, Mickalide insists that gates bolt into the wall. If a child leans against a pressure-mounted gate, both the gate and the child can tumble down. ●

Randi Hutter Epstein, M.D., decided to pass on buying the cleaver recommended in a recent cooking class. "I now eye every new gadget as a potential weapon," she says.

smart safety strategies

Many safety tips have more to do with vigilance and proper use of ordinary appliances than purchasing special gadgets. Here, a few of the tips Shari and I learned.

- In addition to emergency telephone numbers for the pediatrician, police, fire station and neighbors, post your own name and address near the telephone in case a baby-sitter, in a panic, must quickly recite them.
- When you are cooking, turn pot handles toward the back of the stove so kids can't grab them.
- Put a smoke detector just outside the kitchen door, not near the stove where it would blare every time you cook.
- Check fire extinguishers twice a year—my biggest surprise was that mine had expired.
- Set the hot-water heater no higher than 120°F. We typically bathe in water below 100°F. "Most new dishwashers have an internal booster to raise the heat to one-forty," says Mickalide.
- Don't rely on child-resistant caps to keep kids out of poisons. "Child resistant" means that 80 percent of four-year-olds cannot open the cap within four minutes—which means that 20 percent of them can. My daughter, Martha, has made her way into child-resistant bottles with ease. Locked cabinets are more effective.
- Five-gallon cleaning buckets are one of the most underrated dangers. A bit of cleaning fluid left on the bottom of the bucket can poison a toddler who climbs in and drinks it. And even more often, children climb in and drown in just a few inches of liquid. "We lose about forty children a year to deaths due to drowning in these large buckets," Mickalide says. When they're not in use, empty the buckets and store them out of reach. —R.H.E.


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HIDDEN HAZARDS

A backyard barbecue is one of the simple joys of summer—if you don't let controversial reports of dangers ruin your fun. We asked the experts to assess the true risks. Here, the bottom line on staying healthy. By Kathleen McAuliffe



MAYONNAISE Mayonnaise actually discourages the growth of pathogens, thanks to its acidity, reports Linda Harris, Ph.D., a microbiologist at the University of California at Davis. So why the reputation for causing food poisoning? Mayonnaise traditionally was made from raw farmyard eggs, which were sometimes contaminated with salmonella. "As a result," says Harris, "people came to associate mayonnaise with food poisoning." Today, however, store-bought mayonnaise is almost always made from pasteurized eggs.

"It's all the other things in the salad—tuna, chicken, potato and other common ingredients—that provide a great growth medium for microbes," warns Harris. When the temperature tops ninety degrees, such dishes should not be out of the refrigerator for more than one hour (two hours outside the fridge is safe at cooler temperatures).

PREPACKAGED SALADS Prepackaged salads are convenient and healthy. But heavily publicized reports of *E. coli* poisoning and other illnesses traced to produce have sparked concern. The mechanical washing methods are just as good as those we use at home, says Sheldon Margen, M.D., professor emeritus at the University of California School of Public Health in Berkeley. And no outbreaks have been linked to salad greens sold in the U.S. in sealed bags marked "washed," "triple-washed," "pre-washed" or "ready to eat." Experts say you don't even need to wash them at home. But you should wash produce marked "organic," "natural" or "fresh." That refers to how they are grown and doesn't mean they are clean.

MARGARINE You gave up butter. Then you heard margarine wasn't so good, either. What should you eat? It's true that stick margarine may actually be worse for your heart than butter. The saturated fats found in butter boost artery-clogging low-density lipoproteins (LDL), but leave beneficial high-density lipoproteins (HDL) unaffected. Hard margarine, on the other hand, is chock full of trans fat, which simultaneously boosts LDL and decreases HDL—which, incidentally, are particularly protective against heart disease in women. The very process that makes margarine hard, hydrogenation, creates trans fats.

The best choice of all, says Alberto Ascherio, M.D., associate professor of nutrition and epidemiology at the Harvard School of Public Health, in Boston, is a tub or liquid margarine that boasts "no trans fats" on the label. But remember that margarine is still a fat—consume too much and you will be, too.

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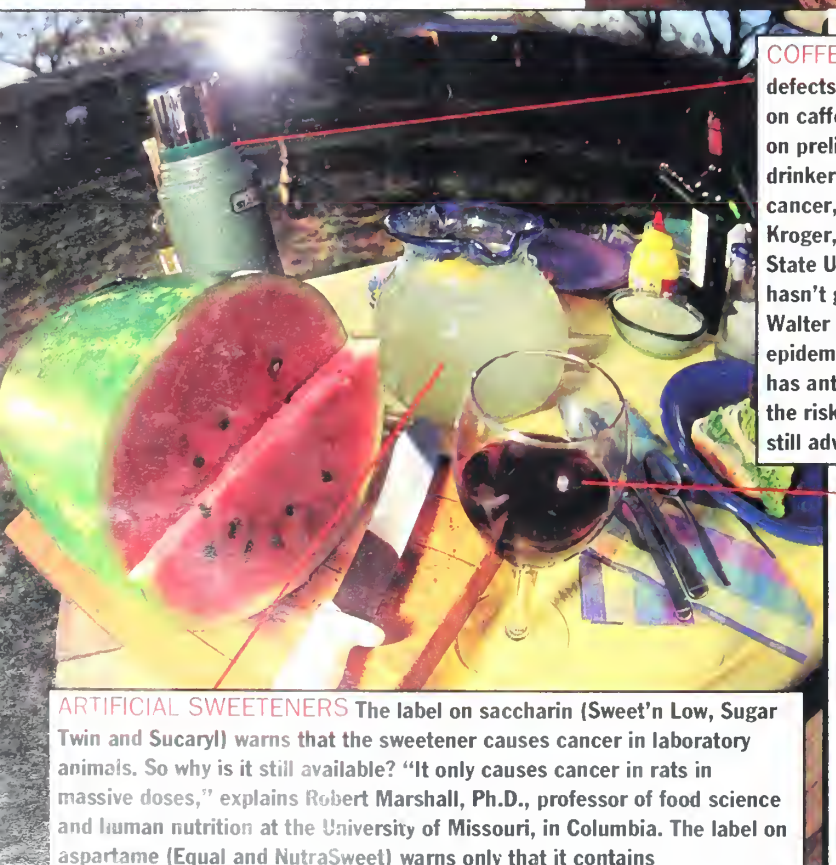
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Grilling can be healthy—if you don't overcook your food. At high temperatures, compounds (such as amino acids) in grilled meat, poultry and fish are converted into heterocyclic amines, or HCAs. (Vegetables are not a concern.) In animal research, HCAs have been linked to breast cancer. In fact, one study found a four- to five-fold greater risk of breast cancer in women who prefer well-done meat compared to those who prefer it rare or medium. One solution: marinate meats. "In chicken, it cuts down on HCAs by ninety percent," reports Mark G. Knize, a biomedical scientist at the Lawrence Livermore National Laboratory, in Livermore, California. Precooking it for two minutes in the microwave before grilling also works. But don't undercook, he warns. That's a recipe for food poisoning.

PLASTIC WRAP Recent headlines stated that a dangerous chemical in plastic wrap—the plasticizer di-(2-ethylhexyl) adipate, or DEHA—might be leaching into food. DEHA, which makes plastic wrap cling, is found in most plastic film used by supermarkets and at least one brand (Reynolds) sold for home use. Some reports claimed that DEHA disturbed hormone function, but no human studies support the theory. "Extensive toxicological data give us no reason to suspect it would have any effect on hormone activity," reports George Pauli, Ph.D., director of the Food and Drug Administration division of product policy.



COFFEE Erratic heart beats, lumpy breasts and birth defects are just some of the ills that have been blamed on caffeinated coffee. But all those accusations, based on preliminary investigations, have not held up. "Coffee drinkers have not been found to be at increased risk for cancer, heart disease or other ills," reports Manfred Kroger, Ph.D., professor of food science at Pennsylvania State University, in University Park. If anything, the brew hasn't gotten enough recognition for its virtues, says Walter Willett, M.D., a professor of nutrition and epidemiology at Harvard. Research suggests that coffee has antidepressant effects that may dramatically reduce the risk of suicide. During pregnancy, however, experts still advise caution (no more than two cups a day).

ALCOHOL Studies the world over show that women who have one drink a day live longer than those who are either teetotalers or heavy drinkers. The reason: Ethanol in modest doses improves the ratio of good-to-bad cholesterol in the blood. According to Eric Rimm, Ph.D., associate professor of epidemiology and nutrition at the Harvard School of Public Health, a daily glass of alcohol—wine, spirits or beer—reduces the risk of heart disease by 20 to 40 percent for women. However, women who consume one alcoholic beverage a day are 10 percent more likely to get breast cancer, a risk that rises with each additional daily drink. Still, cardiovascular disease kills at least ten times more women than breast cancer does.

ARTIFICIAL SWEETENERS The label on saccharin (Sweet'n Low, Sugar Twin and Sucaryl) warns that the sweetener causes cancer in laboratory animals. So why is it still available? "It only causes cancer in rats in massive doses," explains Robert Marshall, Ph.D., professor of food science and human nutrition at the University of Missouri, in Columbia. The label on aspartame (Equal and NutraSweet) warns only that it contains phenylalanine, a substance hazardous to individuals who lack the enzyme necessary to process the chemical. But people have complained of reactions that range from headaches to allergic responses. Yet, study subjects given aspartame suffered fewer ills than the placebo group. Two other synthetic sweeteners have recently been approved for use in the U.S.: acesulfame-K (Sweette) and sucralose (Splenda). Both seem to be safe, so far.

Kathleen McAuliffe is a frequent contributor to Ladies' Home Journal.

These 3 letters are now a lot less upsetting thanks to these 3 products.

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RELIEF And when you do get a UTI, why suffer till you get to the doctor when you can get fast relief from urinary pain, burning, urgency and frequency with *AZO STANDARD*. It contains the ingredient most prescribed by doctors for fast relief of urinary pain.

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So remember, when it comes to those annoying urinary tract infections, you can count on *AZO* to make them a lot less annoying.



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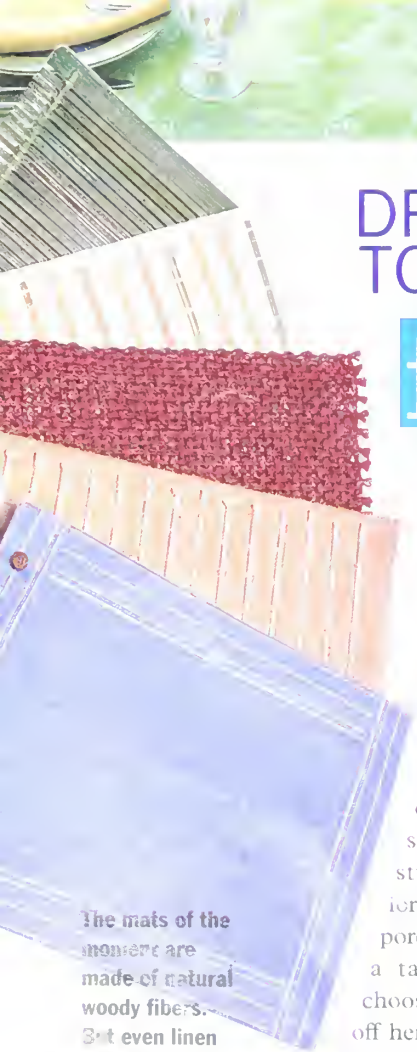
TABLE TOPPERS

THESE SUMMERY LINENS AND THINGS WILL HAVE YOU SETTING PRETTY



DRESSED TO IMPRESS

Forget the old rule about using tablecloths for formal occasions, place mats for low-key ones. Today's table toppers come in such a wide variety of materials—from damask and linen and other old favorites to new-fangled bamboo, grass cloth and Ultrasuede—that it's easy to make any table setting distinctive. Gail Baral, owner of the Los Angeles home-furnishings shop Algabar, prefers the simplicity of place mats: rattan for something casual, and linen studded with beads for more formal functions. New York City porcelain designer Lynn Chase is a tablecloth fan, and usually chooses something neutral to set off her very colorful china. "It's fun to play with different linens," she says. "That way, your dishes look different every time you use them."



The mats of the moment are made of natural woody fibers. But even linen gets a new twist with adornments like buttons

ring in the new

Napkins complete the well-dressed table, and napkin rings—think of them as tabletop jewelry—add even more flourish. The newest rings range from whimsical to classic; show them off with these fancy folds:



Fan: Fold napkin in half vertically. Starting at the bottom, create 1-inch accordion pleats. Slip on napkin ring and spread out like a fan.



Curlicue: Place napkin flat and roll up starting at the bottom corner. Bend in half and slip on ring.



Baton: Fold napkin in half, then in half again. Fold corners in to meet in the center. Then fold in thirds vertically and slip on ring.



Bow Tie: Fold napkin in half, then in half again. Fold in half diagonally, then loosely pleat each half. Slip on ring.

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In the News:

TOXIC E-MAIL

"Alert! This message could save your life"—that's how the unsolicited E-mails that are being sent all over the country often begin. For example, one widely disseminated message warns of "asbestos-containing tampons," which, the E-mail claims, make you bleed more so you'll buy more tampons. And because the information in the messages is usually attributed to a reputable source, recipients have little reason to doubt what they read.

The problem is, most if not all of these accusations are completely unfounded. (The FDA, for instance, has never detected asbestos in tampons.) According to John H. Renner, M.D., president of the National Council for Reliable Health Information, in Washington, D.C., propagandists, vengeful ex-employees, or people with distorted senses of humor are behind most of these scares. They make sure the messages get around fast by urging recipients to pass them on to their friends, and make them sound believable by citing so-called "sources"—often "a company representative" who is never identified or a legitimate association whose name is used without permission. (The Multiple Sclerosis Foundation was falsely linked with a statement that aspartame was harmful; they have denounced the accusation.)

urbanlegends.miningco.com
The Web site tracks the most common online hoaxes

Two other online rumors:

Febreze warning: This E-mail states that dogs and birds have died or become ill after being exposed to this odor-eliminating product. *The truth:* According to the ASPCA's Poison Control Center, Febreze represents no risk to pets when used according to directions.

Cancer-causing shampoo: This warning blames sodium laureth sulfate, a synthetic chemical found in most brands of shampoo. *The truth:* Sodium laureth sulfate does not appear in any official list of known or suspected carcinogens.

The bottom line: Be suspicious of any unsolicited message you get from an "authority." If you haven't seen the claim elsewhere, it's probably not true. —Christine Many

BODY BRIEFS



FOUNTAIN OF YOUTH?

In a recently published survey, people who were rated by volunteers as looking at least **ten years younger than their real ages reported having sex at least three times a week**, say researchers at the Royal Edinburgh Hospital, in Scotland.



HARD OF HEARING?

Although hearing loss is one of the most common chronic conditions in women, mos **fail to include a hearing test in their routine health care**, say two Northwestern researchers who recently completed the first major study on women and hearing.



SUPER FOOD

Many people eat yogurt for its bone-fortifying calcium, but it may be good for the heart as well. The combined results of two studies show that eating about **seven ounces of yogurt each day significantly reduces total cholesterol levels**, say researchers at the VA Medical Center, in Lexington, Kentucky.



CALLING ALL SNORERS

Sleep apnea is underdiagnosed in women, say Mayo Clinic researchers. Left untreated, this condition, in which breathing is interrupted during sleep, can lead t a heart attack or stroke. Symptoms include snoring and fatigue.



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ASK THE EXPERT

How do I choose the right herbal supplement? There are so many brands, and the labels don't help.

"Until recently, labels on herbal supplements said little, if anything, about the product, which made it very difficult to choose the right brand," says Pamela Peeke, M.D., M.P.H., the first senior research fellow at the Center for the Study of Complementary and Alternative Medicine at the National Institutes of Health. However, thanks to new FDA regulations, the labels on supplements are now uniform and more detailed, much like the labels that appear on packaged food. For example, the label must identify the part of the plant extracted (i.e., root, stem, leaf) and the concentration of the active ingredient. Both are important factors when choosing the right product. One caveat: Because the FDA will not be testing supplements, as they do drugs, the accuracy of the information is not guaranteed.

—Karen M. Romanelli



More detailed and uniform labels on all herbal supplements makes choosing easier

NEW **FIBROID** TREATMENT

If you suffer from painful fibroids, hysterectomy (in which the uterus is removed) and myomectomy (in which fibroids are cut out) are no longer your only options. Now there's a nonsurgical procedure called embolization.

"Success rates are in the eighty to ninety percent range," says Scott Goodwin, M.D., chief of vascular and interventional radiology at the University of California, Los Angeles Medical Center. Furthermore, the procedure, in which a catheter is used to block the tumors' blood supply, requires a shorter hospital stay and less recovery time.

If you want to get pregnant, Goodwin still advises myomectomy. (While some women have had kids after embolization, more research is needed.) Also, your insurance may not cover the procedure. For information, visit *www.scvir.org.*

—Kim Atkinson

TARGETING TICKS

Lovers of the outdoors ha been keeping their fingers crossed, and their efforts, apparently, have paid off: The FDA recently approv a vaccine to prevent Lyme disease for people age fifteen to seventy. Should you get it? Consider:

- **YOU'LL NEED THREE SHO** administered over the course of one year. Even i you get your first shot nov you won't receive the full dose until *next* summer.
- **THE COST IS $50 to $100** per dose, including doctor fees. (Check with your health-care plan to find ou how much is covered.)
- **THE VACCINE** is just another layer of protectio notes Michael C. Caldwe M.D., M.P.H., who conducted tests on the drug. The full vaccine is only 78-percent protective which means you must continue to take precautions in tick-infeste areas, including wearing long sleeves and pants tucked into your socks, and using an insect repellent containing permethrin or DEET.

For the final word on whether the vaccine is for you, talk to your doctor.

—Nicci Mic



abdominal toner

This move keeps your middle in shape, says Lori Huffstutler, a movement therapist at Canyon Ranch Health Resort, in Tucson. Lie on your back, with your knees bent. Extend your arms by your sides, palms facing your body. Keep shoulders and buttocks relaxed.

1 **Inhale as you lift your head, arms and shoulders slightly off the floor. Keep your neck and throat long. Look over your knees.**

2 **Exhale as you reach your right hand to your right ankle. Inhale upon release. Repeat on your left side. Do three sets of five to ten**

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LHJ WOMEN'S CHOICE AWARDS

And the winner is . . . Meg Ryan

In the category of best actress, Meg Ryan stole the show in a landslide over Sandra Bullock and Goldie Hawn, her two closest runners-up. Try as she might with gritty roles like the fourth-rate stripper in last year's *Hurlyburly*, Ryan cannot shake her rep as America's Honey-Bunny. She is even cute about her cuteness. As Ryan herself joked in a speech at *Premiere* magazine's "Women in Hollywood" luncheon in January, "Through Clinton and Monica, Clinton and Hillary, the scandal, the impeachment, Iraq, Bruce and Demi, Ellen and Anne, I have remained consistently and nauseatingly adorable. I have, in fact, been known to cause diabetes."

Her sheer likability is felt equally by women and men. "To work with Meg is to completely and utterly fall in love with her," said Andy Garcia, who co-starred with her in 1994's *When a Man Loves a Woman*. "You end up with this complete crush."

And if men want to introduce her to their mothers, women *(continued)*

By Judith Newman



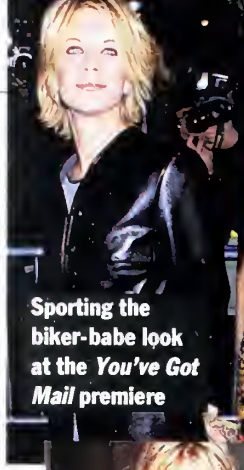
"She's not 'pert or perky' or soft at all. . . . Meg is not to be messed around with," says her constant co-star Tom Hanks

MEG'S STYLE

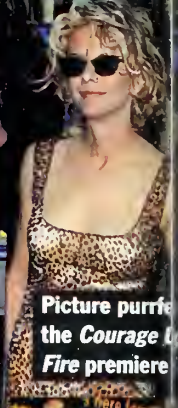
All glammed up for the *Anastasia* premiere

"I think I'm kind of weird-looking," says Ryan. "If I could change the way I look, I'd like to have longer legs, smaller feet, a smaller nose."

CLOTHES: Ryan's offscreen uniform is jeans, cotton T-shirts and tennis shoes. Polyester is verboten. "Whatever you put on your body, or do to your hair or face, should be some sort of extension of yourself, not some trend that someone wants you to follow," she says. "The simpler, the better." Not that this attitude has always endeared her to style mavens. In 1988, she made Blackwell's Worst-Dressed List. He called her "the ragbag doll of the year." Favorite designers for big nights out: Prada, Gaultier, Costume National.



Sporting the biker-babe look at the *You've Got Mail* premiere



Picture purrfe the *Courage U Fire* premiere



Sleek and chic for this year's "Women in Hollywood" luncheon



When she's not working, Ryan's the queen of jeans

Elegant in gray at *The Parent Trap* premiere

MEG'S HAIROGRAPHY

Ryan has taken the short (usually), blond concept and done everyth a girl can do with it. These days she uses John Frieda's sheer blon Blonde Ambition Dual Action Mousse for surfer-girl highlights.



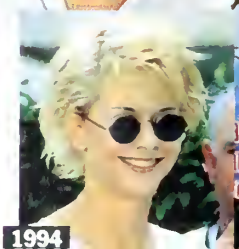
1987



1989



1990



1994





1997

have remained consistently and nauseatingly adorable," jokes Meg Ryan

nued) want to be her best friend: We see in Ryan's ward-baseball-cap androgyny a sexiness that doesn't ıten. Says one Meg-watcher, "You feel like you d trust her with your husband."

all this adorableness catches our attention, it is oth- nore human qualities that capture our hearts. Off- n, she is a deeply private woman. She is a hands-on ıer to her son Jack, who is seven (imagine: all that ey and no full-time nanny), and a wife who takes as h pleasure in husband Dennis Quaid's success as own. "He's somebody who changes, and we both al- that in each other," Ryan once said. "I still don't v what's going to come out of his mouth next."

ran and Quaid, both yoga devotees and followers of New Age spiritual leader Gurumayi, make concerted ts to stay grounded. They spend their summers from Hollywood, in their log cabin in Paradise y, Montana. "Fame is bizarre," Ryan has said. "It's a thing. It's also a test of character at times. Some- s I pass the test; sometimes I'm like, 'Oh, God! I want to buy some tampons!' "

n-screen, it's her intelligence, combined with a ky humor—the orgasm scene in *When Harry Met* . . . was her idea—that wins us over. "One of g's] favorite words is 'shocking,' " says *You've Got* director Nora Ephron, who compares Ryan's comic ng to Lucille Ball's. "She is *shockingly* inventive. She ys understands how much work it takes on the part ı actor to make something funny."

is with Tom Hanks that she has found the true ning of on-screen chemistry. He and Ryan have ı called the Tracy and Hepburn of our times, strik- box-office gold in 1993's *Sleepless in Seattle* and last 's smash hit *You've Got Mail*. As Nora Ephron has erved about this pairing, "[Audiences] feel that if and Tom had gone to the same high school, they ld have been sweethearts."

yan's first film role was playing Candice Bergen's dstrong daughter in 1981's *Rich and Famous*. Next, had a two-year stint on the CBS soap *As the World ns*. She got movie audiences' attention in 1986's *Top* when she told Anthony Edwards, "Take me to bed ose me forever." The following year, playing the girl- ıd of Dennis Quaid's character *(continued on page 145)*













AND THE OTHER WINNERS ARE . . .

Here are your favorite female performers, according to LHJ's Women's Choice Awards.

YOUR FAVORITE TV ACTRESS: You're mad about Helen Hunt, who topped the list with almost twice as many votes as runner-up Kirstie Alley. *Friends*' Jennifer Aniston took third place.

YOUR FAVORITE FEMALE SINGER: Celine Dion hit the high note, followed by Shania Twain and Jewel.

YOUR FAVORITE COMEDIENNE: Whoopi Goldberg is most likely to make you laugh; Rosie O'Donnell was a close second. Third runner-up: Tracey Ullman.

YOUR FAVORITE ALL-AROUND PERFORMER: The Divine Miss M, Bette Midler, won top honors, followed by Carol Burnett and Barbra Streisand.

YOUR FAVORITE TALK-SHOW HOST: Oprah Winfrey edged out Rosie O'Donnell. *The Late Show*'s David Letterman came in a distant third.

YOUR FAVORITE FEMALE TV REPORTER: *Today*'s Katie Couric beat out close competition from Diane Sawyer and Barbara Walters.

THE WOMAN YOU ADMIRE MOST: Oprah Winfrey reigns supreme once again, followed by the great Katharine Hepburn and First Lady Hillary Rodham Clinton.

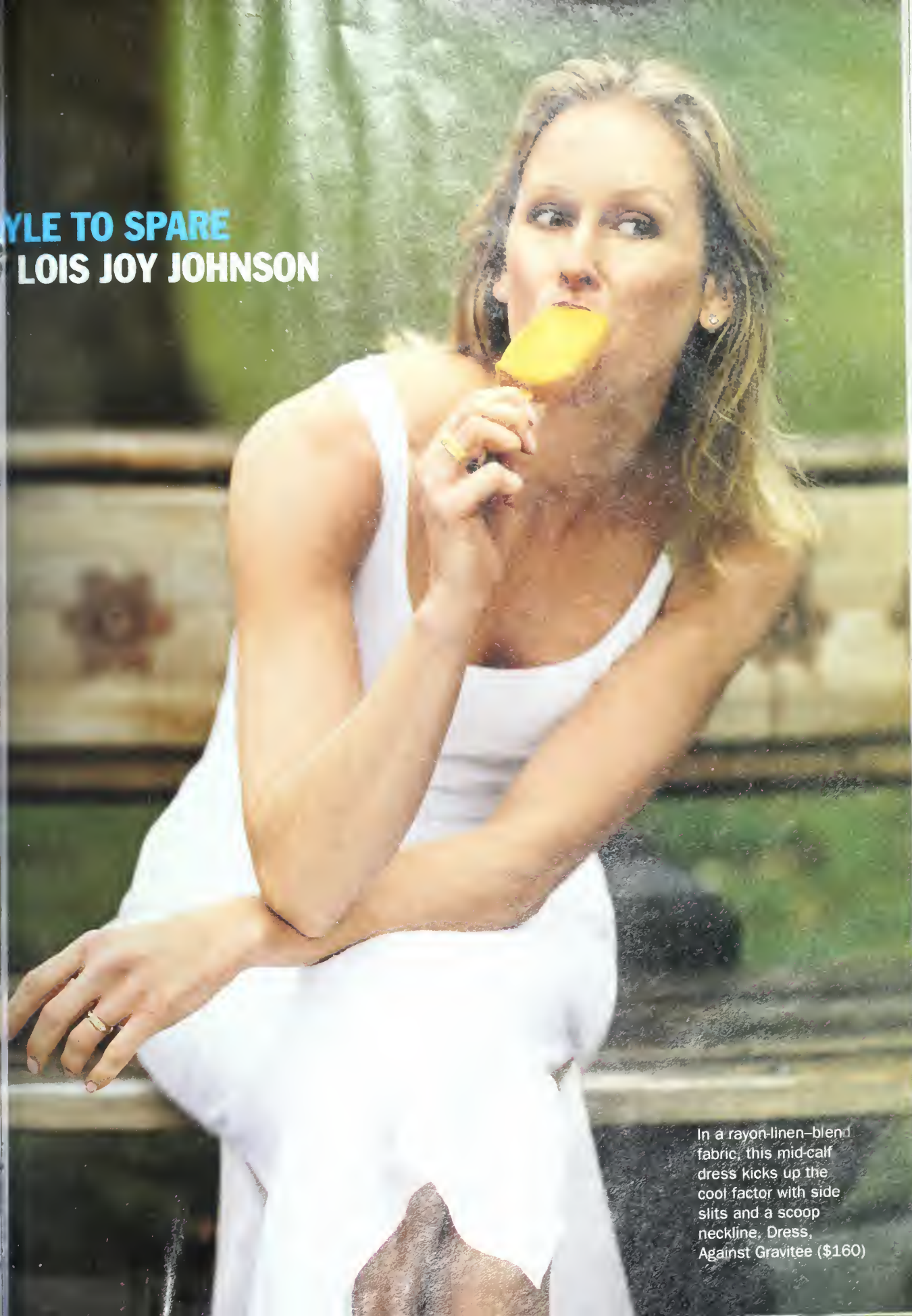
summer ease

SLIP INTO COOL COMFORT IN A DRESS THAT'S GO



A tee dress like this one from A.B.S. by Allen Schwartz ($160) is the warm-weather counterpart to your favorite fleece top and cargo pants. With its matching wraparound pouch bag, paired with sneakers, it's the perfect knockabout outfit; change your shoes to tailored mules, and you've got a work-worthy look

YLE TO SPARE
LOIS JOY JOHNSON



In a rayon-linen–blend fabric, this mid-calf dress kicks up the cool factor with side slits and a scoop neckline. Dress, Against Gravitee ($160)



A sheath dress done up in stretch denim gives you dress-up (throw on a same-color cardigan) or dress-down (let it go alone) options. Not even a light summer shower can dampen your day when what you're wearing is this comfortable. Dress ($165) and cardigan ($150) by Nicole Miller

does it

NOTHING HOLDS U

endy leopard
ts, an ankle-
th silk dress
just floats over
es is sure to
ome a wear-all-
son favorite.
ss, Lauren by
h Lauren ($190)



GAINST THE HEAT LIKE A SIMPLE SUMMER DRESS



the skin saver

Not drinking enough water affects every aspect of your body, and your skin can be one of the most long-suffering. Because the body's major internal organs grab up water first, skin gets only what's left over—if there is any, says NYC dermatologist Debra Jaliman. When you stay well hydrated, skin stays supple overall and plumped up, which lessens the visibility of fine lines and wrinkles on the face.

waterwo

It's vital to how you live and how yo
in it. But do you really know all th

YOUR WATER WORLD

- Water constitutes about 90 percent of your blood; 75 percent of your brain and muscles; 25 percent of body fat; 22 percent of bone.
- Water is used for virtually all body functions, including carrying nutrients and oxygen around the body, and eliminating waste.
- Water maintains body temperature by releasing heat through perspiration.
- Water cushions joints and protects organs and tissues.
- The human body can live without food for weeks, but it cannot last more than a few days without water.

a water log

One woman takes on the ultimate hydrating challenge.
By Constance Costas

When I resolved to drink those famous eight glasses a day for just one week, I did some research in an attempt to make the idea easier to swallow.

I was delighted to find out that according to the American Dietetic Association, it's not eight glasses of water a day, it's eight 8-ounce servings. When I measured my own water glasses, they all held two cups. This brought my quota down to four glasses a day. I was overjoyed.

Then I discovered that those eight cups are just a guideline. You're supposed to add a cup if you exercise, live in a warm climate, or drink more than two cups of coffee or alcohol per day. Air travel and working in a climate-controlled office also adds a glass or two. And you can't deduct for watery foods like lettuce and celery—the eight cups were calculated assuming you eat plenty of fruits and vegetables.

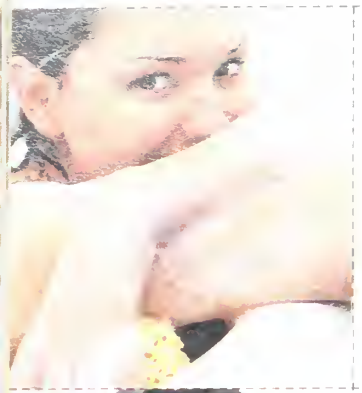
So, I set my plan: I drink two tumblers before noon, and take my water bottle, *(continued on page 107)*

rks

ook. You drink it, wash with it, play
nside-and-out benefits of H_2O?

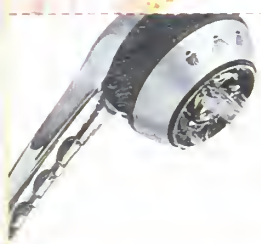
SPLISH **SPLASH**

Just add water and you're on your way to healthier-looking skin, relaxed muscles—even a better mood

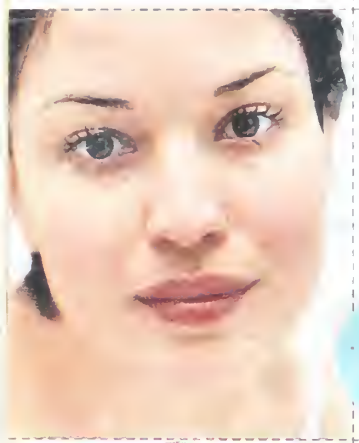


DRAWING A BATH When you're ready to relax in the tub, make sure the water doesn't exceed 95°F.; higher temperatures dry the skin, stripping away the body's natural oils, and also exacerbate broken capillaries on the face. While you never outgrow the fun of a classic Mr. Bubble bath, now you can really customize your soak: To soothe aching muscles, add bath salts to a tub of warm water. When you want a real skin-smoothing soak, add moisturizing bath cream such as Vaseline Intensive Care Foaming Creme Bath (8.5 oz., $2.49), or a scoop of a body-soak product such as The Healing Garden Green Tea Therapy Body Soak (right, 10 oz., $8.50).

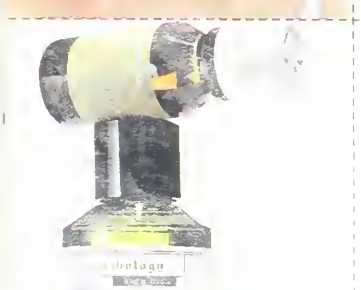




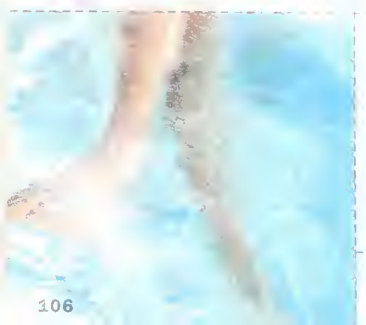
SHOWER POWER Of course, the ultimate water massage comes with a hot tub, but the pulsating jets of an adjustable-spray showerhead do wonders to relax sore, achy muscles, too. For extra soothing, stress the muscle and hold the warm spray on the area for at least ten seconds. Teledyne Water Pik Original Shower Massage Showerhead (left) has eight pulse settings ($59.99); Homedics Shower Time fixed-mount head has a three-way adjustable combination spray massage ($9.99).



FACE FACTS The combination of water and the right cleanser makes all the difference in how your skin looks. Sensitive, dry and normal skin types benefit most from a facial cleanser that contains humectants, such as glycerin and hyaluronic acid, that binds water molecules to the outer layer of skin. Try Sears Circle of Beauty Skinplicity Come Clean Cleanser (6 oz., $8.50) and Jergens Moisturizing Creamy Cleanser (6 oz., $3.99). Got oily skin? The cleansing ingredients that best combat grease—chemical exfoliants like alpha-hydroxy acid and salicylic acid—also rob skin of moisture, so go for a gentle grease fighter. Try Elizabeth Arden Visible Difference Oil Control Refining Cleanser (6.8 oz., $18.50) and Neutrogena Deep Clean (6 oz., $6.30). For skin that's a little dry and a little oily, use a mild scrub with microbeads, like L'Oréal Plénitude Turning Point Instant Facial Scrub (left, 4 oz., $8.99), to cleanse and promote cell turnover.



THE NOSE KNOWS Turn your bathtub into an at-home spa and double the benefits of taking a good soak. Choose from aromatherapy oils, gels and soaps. Want to boost your energy? Pick up eucalyptus, peppermint and menthol. Need a calming effect? Chamomile, geranium and lemon grass are the ingredients to relax you. For a bath before bed, choose neroli, rose and sandalwood fragrances. Try Crabtree & Evelyn Aromathology Relaxation Bath Oil (8.3 oz., $13.50) and Aveda Shampure Nurture Rose Absolute Oil (1 oz., $24)—just a drop goes a long way. To set a romantic mood, jasmine and ylang ylang are the scents to choose. Try Studio Gear Aromatherapy Bath & Shower Gel in Sensuous (6 oz., $9.99).



SMOOTH MOVES Take water and some suds and say good-bye to dry, flaky skin. Soft plastic scrub puffs, crocheted shower mitts or loofahs-on-a-stick help you exfoliate rough spots like elbows, knees, hands and feet. Go easy, though, and choose a moisturizing shower gel or creamy cleanser to use with it, not one that that has scrubbing grains of its own. Try Dove Nutrium Skin Nourishing Body Wash (8 oz., $4.99).



a water log

continued from page 105)

which measures three cups, along n the car. By two P.M. I'm easily ıp to seven cups. Another glass ›etween dinner and bedtime, and 'm up to nine cups (my ideal ally, given my two-cups-a-day :offee habit). On days I work out ıt the gym, I carry the water ›ottle with me and make up the :xtra cup.

This was surprisingly easy. But here was a downside. For the irst few days, the water went ›ut almost as fast as it went in. found a new use for Lamaze ›reathing as I had to race home vith a carload of groceries.

But I did notice a difference: was feeling cleaner and sharper, he muscle twitches I'd been ıaving after exercising lisappeared, and my skin looked ›righter. My morning coffee lost ts life-or-death power over me. An added bonus: I felt full much ›f the time, which helped cut snack attacks. By day five, the adies' room trips became less ırgent, and I started drinking a tall glass of water *before* my morning coffee. Will I stick with ny eight-plus glasses a day? I'm going to give it a good try. I sure am sold on the energy, body and mind boost that comes from such a basic habit.



DID YOU KNOW? 25 percent of bottled water comes from municipal water systems; legally, the label does not have to state the water's source if it has undergone an FDA-defined purification process

From chugging it down to sweating it out

TAP OR BOTTLE? Just because water comes in a bottle with a fancy label doesn't mean it's safer and purer than tap water, according to a recent report. The four-year study by the Natural Resources Defense Council, an environmental advocacy group, tested more than 1,000 bottles of water, comprised of 103 brands. About one third of the waters tested contained a level of contamination above standard, including bacteria and even chemicals such as arsenic. Although one or two tests detecting contamination may indicate a problem, it does not necessarily mean that all bottles of that brand are contaminated. Among brands testing clean were Deer Park, Naya, Rocky Mountain and San Pellegrino; on the council's "waters to watch" list—Crystal Geyser, Poland Spring, Vittel and Volvic.

GO WITH THE FLOW How







BLOAT BUSTER What if you're drinking your eight glasses of water day, but instead of constantly sprin to the bathroom, you feel like you're retaining every last drop of it? You need to simply give your body time adjust, says Felicia Busch, a regist dietitian in St. Paul, Minnesota. Actually, bloating may have more to with what you eat than what you dr One major culprit: salt. "Salt acts li sponge and holds water in," says Busch. "Common sense may tempt you to drink less water, but you rea need more to help your body flush

GET THE SWEAT OUT Losing water through sweat is the body's of regulating temperature, not removing toxins. In hot weather or during exercise, heat sensors in th skin and the brain stimulate the sweat glands to release perspiratio reducing the body's core temperatu How much you sweat depends on: *Temperature* The hotter it is, the mo you sweat. *Gender* Males generally sweat more than females. *Duration exercise* Your internal temperature r as you exercise, so you will sweat a faster rate at the end of your worko *Fitness* Athletes sweat more and s sweating at a lower body temperatu

REPLENISHING You just finish working out and the sweat is pour off. How to know when you're prop rehydrated? If you urinate every tw to four hours and your urine is ligh in color, you are taking in enough water. But sometimes plain water isn't enough. If you're doing heavy exercise for more than an hour, yo may want to try a sports drink, sa Nancy Clark, author of *Nancy Clark Sports Nutrition Guidebook*. These drinks contain sugar to provide energy and maintain blood sugar levels and electrolytes to enhance fluid absorption. Clark's make-it-yourself recipe: Dissolve 4 Tbs. sugar and ½ tsp. salt in 1 cup boiling water, add ¼ cup orange juice and 3 cups cold water; ch

ow we use water, now we lose water



in the swim

"Swimming is one of the best all-around exercises," says Robert McMurray, Ph.D., professor of sports science at the University of North Carolina at Chapel Hill. "And, it places minimal stress on the joints." To derive weight-loss or muscle-toning benefits from swimming, you first have to build endurance: It takes about thirty minutes of continuous swimming to get a good calorie-burning workout. If you're just starting a swimming-for-fitness routine and aren't up to the half hour of laps yet, fill your remaining time with a water aerobics class or run in the shallow end of the pool. Once you've built endurance, says Jane Katz, 1998 U.S. Masters swimming champion, mix strokes and speeds: The breast stroke challenges the lower body the most, while the front crawl and backstroke work the upper body. The side stroke helps streamline muscles in the rib cage. Adding swim fins increases the exertion of your workout by lifting your body higher in the water, targeting the quadriceps muscles on the front of the thigh. Below, how swimming stacks up to other forms of exercise (comparisons calculated for a 143-pound woman and a thirty-minute workout).

Bicycling (slow pace): 148 calories
Swimming (slow front crawl stroke): 249 calories
Running (10-minute mile pace): 342 calories

Researched by Christine Many, Mary Mertz, Heidi Schiller and Cindy Fedida

"EXERCISING IN WATER is not just physical. Your mood is enhanced—there's a sense of well-being."

—Jane Katz, Ed.D., 1998 U.S. Masters swimming champion



petals and lace

Airy flowers like Queen Anne's lac combined with a zinnia stems mak a summery statement. For a country touch, an old coffeepot star in for a vase

making arrangements

THESE BOUQUETS LOOK LIKE THEY CA THEY'RE EASY FOR BEGINNERS TO DO. HE SHARES HER EXPERT TECHNIQUES



a mixed marriage

Casual yet elegant describes this combination of rustic sunflowers and delicate roses

ROM A FLORIST, BUT, IN
ARDEN PRO GEORGEANNE BRENNA

OFTEN, THE MOST STRIKING FLORAL DISPLAYS AR
ALSO THE SIMPLIS



branching out

Coreopsis and cosmos look their willowy best when their stems are left long, and they're displayed in a tall, narrow container



fruit and flowers

In this mix of dahlias and roses, underripe fruit, like these rose-hip clusters and figs, looks good enough to eat

THE RECIPES

ONCE YOU'VE PICKED OUT A FAVORITE ARRANGEMENT, THE HARD PART'S BEHIND YOU. HERE'S WHAT YOU NEED TO MAKE EACH ONE YOURSELF, SHOPPING LIST INCLUDED



petals and lace

Materials: An old coffeepot, 7 inches tall and 4 inches across
Flowers: Eight 18-inch Queen Anne's lace; twenty 18-inch zinnias in shades of orange, red, yellow, cream and dark pink
How-to: Prep flowers (see "Prepping Flowers," below left). Group zinnias in three or four groups of three. Trim stem ends to about 16 inches; set aside. Arrange several stems of Queen Anne's lace in pot at varying heights, 15 to 17 inches, crossing stems over each other to make a grid. Fit in the zinnia groups, using grid to hold them upright. Finish with more Queen Anne's lace, cutting stems short so they drape over coffeepot's sides.

a mixed marriage

Materials: A small vase, about 6 inches tall
Flowers: Ten 12-inch sunflowers; three 10-inch pink roses; three 10-inch creamy yellow roses
How-to: Prep the flowers, leaving only a few of the uppermost leaves in place. Trim half of the sunflowers to a length about 2 inches above the rim of the vase. Put all of the sunflowers in the vase, crisscrossing stems. Trim roses to varying lengths and fit the stems between the sunflower stems. Clip any leaves that are crowding the flowers.
To see a video demonstration of the instructions for this arrangement, visit LHJ Online at http://www.lhj.com/sfeatures



PREPPING FLOWERS

1. Remove all but the uppermost leaves of the flowers (leaves in water deteriorate rapidly and allow bacterial growth).
2. Put cut flowers in a temporary container of water and add floral preservative. Let the flowers stand in a cool place for at least two hours and up to twenty-four.
3. To help them draw water, slit the stem ends of flowers or shrubs with woody stems.
NOTE: For a longer life, add water daily. If your bouquet needs refreshing after several days, gently remove the flowers, clip a half inch off their stems, and return them to the container. Add fresh water.

For a special offer on Georgeanne Brennan's book, *Backyard Bouquets*, please see page 144.



branching out

Materials: A vase, 14 inches tall and 4 inches wide
Flowers: 16 red and yellow coreopsis stems, with buds, 24 inches long; 8 dark red coreopsis stems, with buds, 24 inches long; 8 pink cosmos, 24 inches long
How-to: Prep flowers. Group yellow and red coreopsis into several clusters; put them in the vase, making sure their stem ends do not reach the bottom. Allow some of the buds to dangle over the container's edge. Fit the dark red coreopsis into the mass, then group the cosmos in pairs and insert them, placing one pair toward the center. If the bouquet seems dense, clip some of the buds.

fruit and flowers

Materials: A bucket, 8 to 10 inches tall and 6 to 8 inches wide; two blocks floral foam trimmed to fit container
Flowers: Six 12-inch peach-colored cactus dahlias, five 18-inch orange pompon dahlias; six 16-inch peach roses; 2 clusters rose hips with 8-inch stems; two 18-inch branches persimmon leaves; three 12-inch branches underripe persimmons; four branches fig leaves with black figs
How-to: Prep flowers. Saturate foam with water and put in container. Group cactus dahlias in threes, fit into foam just off center. Place single pompon in the middle. Group two roses and fit into foam toward the front. Add rose hips, letting them hang over container's edge. Add a branch of persimmon low on one side, a branch of figs low on the other. Fill in with remaining fig leaves and a rose or two. Add a tall branch of persimmon leaves and a few fig leaves toward the back. **Visit http://www.lhj.com/sfeatures for video tips on preparing this arrangement.**



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The taste you tru



Make Trout with Pepper Salad your catch of the day



Pasta with Grilled Vegetables—a tasty alternative to the usual pasta topper

QUICK MEALS

Need dinner in a flash? Get grilling! These three dishes are no-sweat speedy. We're also offering great summer food from top cookbook authors, chicken salad lightened up, and trendy wood chips to flavor barbecued pork chops. For star-spangled sweets, a dazzling fruit shortcake and the perfect cherry pie



Grilled Burger Deluxe is a crowd-pleasing classic

Pasta with Grilled Vegetables

Tomatoes and eggplant star in this subtle, smoky dish. The ridges (rigati) in the penne help the sauce cling to it.

Prep time: 15 minutes plus standing
Grilling time: 8 to 9 minutes
Easy

1 pound penne rigati or fusilli
1 eggplant (about 1 lb.)
2 pounds ripe tomatoes
1 tablespoon chopped garlic
Olive oil
1 cup packed fresh basil leaves, thinly sliced
½ teaspoon salt
¼ teaspoon ground pepper

1. Heat grill. Cook pasta according to package directions.
2. Slice eggplant ¾ inch thick. Cut tomatoes in half. Wrap garlic and 1 teaspoon oil in foil. Set aside. Place 2 tablespoons oil in cup. Brush one side of eggplant slices and cut side of tomatoes with oil. Place eggplant and tomatoes on grill, oiled side down. Grill tomatoes 3 minutes and eggplant 4 minutes, until vegetables are softened. Add garlic packet and grill 2 to 3 minutes. Turn vegetables; brush with remaining oil in the cup. Grill tomatoes 2 to 3 minutes more and eggplant 4 to 5 minutes more, until charred. Unwrap garlic and transfer with vegetables to a bowl. Cover and cool, 5 minutes.
3. Skin tomatoes and chop. Return to bowl with any accumulated juices. Cut eggplant into ½-inch pieces. Stir in eggplant, basil, 2 tablespoons oil, salt and pepper. Drain pasta, add and toss to coat. Makes 4 to 6 servings.

Per serving: 510 calories, 14.5 g total fat, 2 g saturated fat, 0 mg cholesterol, 258 mg sodium, 83 g carbohydrates, 15 g protein, 114 mg calcium, 7 g fiber

Trout with Pepper Salad

Fish with grilled peppers, served over spinach, makes for a delicious—and colorful—meal.

Prep time: 18 minutes. **Grilling time:** 12 minutes
Easy, Low-calorie

4 trout (12 oz. each), with heads removed
1 teaspoon salt
¼ teaspoon ground pepper

Pepper salad
3 assorted bell peppers (red, yellow, green), seeded and quartered
Olive oil
1 tablespoon capers, drained
6 large fresh basil leaves, thinly sliced
1 teaspoon finely chopped garlic
½ teaspoon salt
⅛ teaspoon ground pepper

1 large (12 to 14 oz.) bunch fresh spinach
1 tablespoon olive oil
1 tablespoon fresh lemon juice

1. Oil and heat grill. Sprinkle skin and cavity of each trout with salt and pepper.
2. *Make pepper salad:* Toss peppers with 1 tablespoon oil. Grill 6 minutes per side, until charred and tender. Wrap peppers in foil; let stand 5 minutes. Remove peel from peppers, cut into strips and toss in bowl with 1 tablespoon oil and remaining ingredients.
3. Meanwhile, grill trout 6 minutes per side, until fish turns opaque. Remove skin from each trout and discard.
4. Toss spinach with oil and lemon juice in bowl; divide between four serving plates. Arrange fish on spinach; top each trout with peppers. Makes 4 servings.

Per serving: 305 calories, 19 g total fat, 3 g saturated fat, 69 mg cholesterol, 1,103 mg sodium, 8 g carbohydrates, 28 g protein, 152 mg calcium, 3 g fiber

QUICK GRILLS

Sweet as Sugar

Make a flavored sugar syrup to drizzle over fresh fruit or add to your favorite thirst-quencher for sweet refreshment. Bring *1 cup* each *sugar and water* to a boil in saucepan. Reduce heat and simmer 5 minutes until the sugar dissolves. Add one of the following: *¼ cup chopped lemon, 1 vanilla bean, split, 3 cinnamon sticks, 3 star anise* or *2 cups mint leaves.* Chill, then strain. Store in a sealed container in the fridge.



Burger Deluxe

We pepped up the hamburger mixture with rosemary, and added shallots and dill pickles for a burger with a twist.

Prep time: 15 minutes. **Grilling time:** 15 to 16 minutes
Easy

1½ pounds ground chuck
2 teaspoons chopped fresh rosemary
½ teaspoon salt
¼ teaspoon ground pepper

Tartar sauce
½ cup mayonnaise
⅓ cup chopped dill pickles
2 tablespoons finely chopped shallots

4 kaiser rolls, split
1 large bunch (6 oz.) watercress, tough stems removed
2 medium tomatoes, sliced
Potato chips (optional)

1. Heat grill. Gently combine ground beef and rosemary in medium bowl. Divide beef into quarters, then gently shape each piece into a ½- to ¾-inch-thick patty.
2. Sprinkle both sides of burgers with salt and pepper. Grill burgers 7 to 8 minutes. Turn and grill 7 minutes more, or until instant-read meat thermometer reaches 160°F. when inserted 1 inch from edge of each burger (for medium).
3. *Make tartar sauce:* Meanwhile, combine all ingredients in small bowl. Divide and spread sauce on bottoms of rolls. Top with watercress, burgers, tomato and tops of rolls. Serve with potato chips, if desired. Makes 4 servings.

Per serving without chips: 715 calories, 47 g total fat, 12.5 g saturated fat, 121 mg cholesterol, 1,035 mg sodium, 36 g carbohydrates, 37 g protein, 127 mg calcium, 3 g fiber

Recipes by Jane Yagoda Goodman and Cynthia DePersio

News that's good for your heart.



Introducing NEW Health Source™ Soy Protein Shake

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GREAT COOKS, GREAT FOOD





Bruce Aidells' menu

Thai-Style Barbecued Baby Back Ribs

Roast Potato and Grilled Vegetable Salad

Cucumber Salad

Blueberry Sugar Shortcake with Warm Peach Compote

Lemonade



Bring on the barbecue! Bruce Aidells' Thai-Style Barbecued Baby Back Ribs are served with a hot and spicy dipping sauce, and Roast Potato and Grilled Vegetable Salad features bell peppers, zucchini and eggplant. Blueberry Sugar Shortcake with Warm Peach Compote gives the meal a sweet finish



White Grape Granita makes for a refreshing finish



Italian Coleslaw is a great do-ahead salad

MICHELE SCICOLONE

Flip through the pages of any of Michele Scicolone's cookbooks and you can't help thinking, Now that's Italian! No wonder. Scicolone, a native of Brooklyn and author of *A Fresh Taste of Italy*, *The Antipasto Table* and *La Dolce Vita*, travels to Italy at least twice a year, scouring the coast and countryside for new culinary delights. Her latest work, *Pizza: Any Way You Slice It!*, is co-authored by her husband, Charles, a restaurant wine and beverage director in New York City.

GRILLED FRESH TOMATO PIZZA WITH THREE CHEESES

Budget Recipe of the Month

"When my husband and I first heard about grilling pizza, all we could think about was that the soft dough would slip through the grates and land on the hot coals, creating a terrible mess. But the idea of having fresh pizza without having to heat up the kitchen on a hot day was so appealing, we tried it," says Scicolone. The result? A pizza that comes out crisp and chewy with a delicious smoky accent. Scicolone tops her pie with Parmesan, mozzarella and blue cheese, but you can use whatever variety is handy, such as smoked mozzarella, fontina, goat or Swiss. Tip: Move the pizza around frequently while grilling, so it will cook evenly without charring.

Buying frozen or fresh pizza dough from the supermarket, neighborhood bakery or pizza parlor makes this quick work.

Prep time: 20 minutes
Grilling time: 9 to 10 minutes
Easy, Low-calorie

2 plum tomatoes, chopped
1 tablespoon chopped fresh flat-leaf parsley
1 small garlic clove, minced
1 tablespoon olive oil
¼ teaspoon salt
¼ teaspoon freshly ground pepper
¼ cup crumbled Gorgonzola or blue cheese
2 ounces fresh mozzarella, thinly sliced
2 tablespoons freshly grated Parmesan cheese
Prepared dough for one 12-inch pizza
2 tablespoons fresh parsley or basil, cut into thin strips

1. Oil and heat grill.
2. Combine tomatoes, parsley, garlic, oil, salt and pepper in medium bowl. Toss cheeses in another bowl.
3. Flour a large cutting board. Pat or roll dough into a 12-inch circle. Slide dough off board onto heated grill; grill over low coals 2 to 3 minutes, until lightly browned.
4. Meanwhile, flour board again. Transfer pizza crust cooked side up onto board. Spread evenly with tomato mixture. Top with cheeses. Slide back onto grill. Cover and grill about 7 minutes more, moving pizza around to grill evenly, until crust is crisp and deep golden brown and cheese is just melted. Sprinkle with parsley or basil. Makes 4 to 6 servings.

Per serving: 205 calories, 9.5 g total fat, 4 g saturated fat, 17 mg cholesterol, 728 mg sodium, 22 g carbohydrates, 9 g protein, 130 mg calcium, 1 g fiber

ITALIAN COLESLAW

Add this crunchy salad to your collection of summertime favorites. The slaw can be refrigerated up to 3 days, and this recipe can be doubled. If fennel is unavailable, substitute an equal combination of sliced celery and carrots. *(continued)*



Michele Scicolone's menu

Melon and Prosciutto

Grilled Fresh Tomato Pizza with Three Cheeses

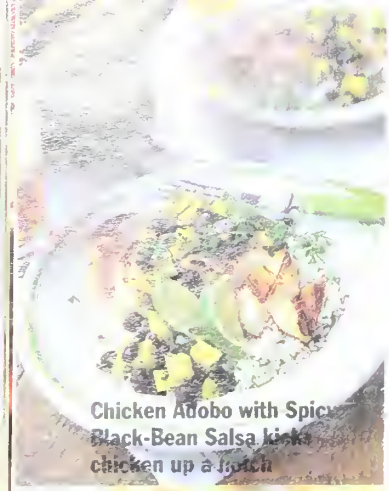
Italian Coleslaw

White Grape Granita

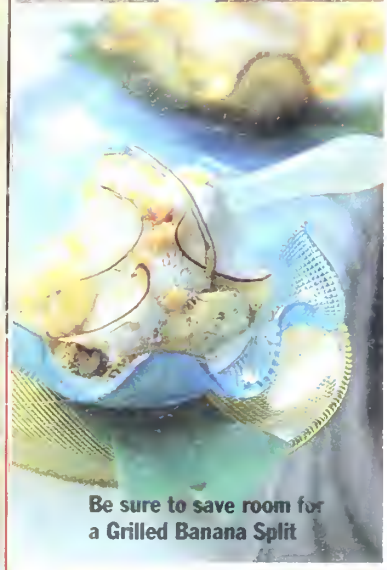
Crisp Butter Cookies

Chianti

Grilled Fresh Tomato Pizza with Three Cheeses and White Grape Granita (a fresh fruit ice) will become a weekend family favorite



Chicken Adobo with Spicy Black-Bean Salsa kicks chicken up a notch



Be sure to save room for a Grilled Banana Split

Steven Raichlen's menu

Chicken Adobo with Spicy Black-Bean Salsa

Rice

Grilled Corn on the Cob

Assorted Breads

Grilled Banana Split

Beer

(continued)

Total prep time: 10 minutes plus chilling

Easy

1 medium fennel (about 1 lb.)
1 cup large green olives, pitted and sliced
3 garlic cloves, thinly sliced
¼ cup chopped fresh flat-leaf parsley
Pinch red pepper flakes
¼ cup olive oil
2 tablespoons red wine vinegar
Pinch salt

1. Trim any brown spots from fennel and cut a thin slice off base of bulb. Discard green stems. Cut fennel in half lengthwise, then cut crosswise into thin slices.
2. Combine fennel and remaining ingredients in large bowl. Cover and refrigerate at least 1 hour. Makes 4 cups.

Per serving: 180 calories, 18 g total fat, 2.5 g saturated fat, 0 mg cholesterol, 944 mg sodium, 4 g carbohydrates, 2 g protein, 74 mg calcium, 2 g fiber

WHITE GRAPE GRANITA

White grape juice in jars is always available on the supermarket shelf, and seedless green grapes are available year round, but you can use red grapes as well, which will give the ice a beautiful blush.

Total prep time: 15 minutes plus chilling and freezing

Easy, Low-fat, Low-calorie

1 cup water
½ cup sugar
3 cups green or red seedless grapes (1 lb.), stems removed
1½ cups chilled white grape juice
Green seedless grapes and fresh mint sprigs, for garnish

1. Combine water and sugar in small saucepan. Bring to a simmer over medium-low heat. Cook, stirring occasionally, until sugar is dissolved, 5 minutes. Transfer to small bowl and cool completely. Refrigerate until cold, 30 minutes.
2. Meanwhile, place a metal 13x9-inch baking pan and a metal spoon in the freezer.
3. Puree grapes in food processor or blender. Strain puree through a fine-mesh sieve set over a large bowl, pressing solids with a rubber spatula to extract juice; discard peel. Stir in grape juice and chilled sugar syrup. Pour mixture into frozen pan.
4. Freeze grape mixture until ice crystals form around edges of pan, about 30 minutes. Stir ice crystals with the frozen metal spoon into center of mixture. Freeze mixture 2 to 2½ hours more, stirring every 30 minutes, until all of the liquid is frozen.
5. Scoop granita into 6 small serving bowls, and garnish with grapes and mint sprigs, if desired. Makes 6 servings.

Per serving: 155 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 7 mg sodium, 40 g carbohydrates, 0 g protein, 8 mg calcium, 0 g fiber

SCICOLONE'S RECIPES FROM "PIZZA ANY WAY YOU SLICE IT," BROADWAY BOOKS, 1998 (224 PAGES, $20) AND "A FRESH TASTE OF ITALY," BROADWAY BOOKS, 1997 (320 PAGES, $30). TO ORDER BOOKS, SEE PAGE 132

STEVEN RAICHLEN

If the big, bold flavors of the tropics are your thing, you'll love these recipes from Steven Raichlen. A resident of Coconut Grove, Florida, Raichlen has written a host of award-winning cookbooks, including *Miami Spice* (1994 IACP/Julia Child Award for Best Regional American Cookbook), *The Caribbean Pantry Cookbook*, *Healthy Latin Cooking* and *The Barbecue! Bible*.

CHICKEN ADOBO WITH SPICY BLACK-BEAN SALSA

Raichlen steeps this Latin-style chicken in adobo, a tangy Cuban marinade made of garlic, cumin and fresh lime juice, and serves it with a colorful salsa of mango and black beans. "I use Scotch bonnets, one of the world's hottest chiles, to heat up the salsa," he says, "but you can certainly use a milder chile, like jalapeño." If mango is not available, you can substitute papaya or peaches.

Prep time: 10 minutes plus marinating
Grilling time: 10 to 12 minutes
Easy, Low-fat, Low-calorie

Adobo
½ cup fresh lime juice
2 teaspoons minced garlic
1 teaspoon cumin
½ teaspoon oregano
½ teaspoon salt
¼ teaspoon freshly ground pepper

1½ pounds boneless, skinless chicken breasts

Black-bean salsa
1½ cups cooked black beans or 1 can (19 oz.) black beans, rinsed and drained
1 ripe mango, peeled and diced
¼ cup chopped red onion
¼ cup chopped fresh cilantro or mint
½ Scotch bonnet chile, seeded and minced, or 1 teaspoon minced jalapeño
3 tablespoons fresh lime juice
1 tablespoon extra-virgin olive oil (optional)
2 teaspoons brown sugar

Cooked rice
Sliced lime, for garnish

1. *Make adobo:* Whisk all ingredients together in a medium glass bowl. Add chicken; cover and marinate in the refrigerator 1 to 2 hours, turning 2 to 3 times.
2. Heat and oil grill.
3. *Make black-bean salsa:* Fifteen minutes before grilling chicken, combine all ingredients in large bowl.
4. Remove chicken from marinade; pat dry with paper towels. Grill chicken 6 minutes; brush with marinade. (Discard remaining marinade.) Turn and grill 4 minutes more, or until cooked through.
5. Transfer chicken to cutting board and let rest 2 minutes; slice each breast ½ inch thick on the diagonal. Arrange chicken breasts and salsa on 4 dinner plates. *(continued)*



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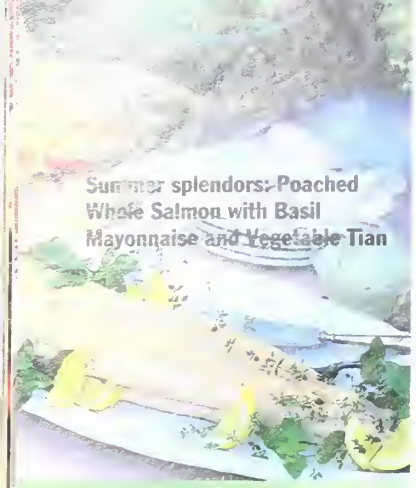


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Summer splendors: Poached Whole Salmon with Basil Mayonnaise and Vegetable Tian



Cool and refreshing Fruit Soup with Spice Broth

James Peterson's menu

Poached Whole Salmon with Basil Mayonnaise

Vegetable Tian

Sugar Snap Peas

Fruit Soup with Spice Broth

Chardonnay

(continued) Serve with rice; garnish with lime slices, if desired. Makes 4 servings.

Per serving: 335 calories, 3 g total fat, 1 g saturated fat, 99 mg cholesterol, 336 mg sodium, 31 g carbohydrates, 46 g protein, 60 mg calcium, 2 g fiber

GRILLED BANANA SPLIT

Call this a sundae with a tropical twist! It's got all the fixings—coconut ice cream, maple sauce, whipped cream, coconut and macadamia nuts. Choose bananas that are still slightly firm, not overripe, to hold up best on the grill.

Prep time: 15 minutes plus marinating
Grilling time: 6 to 8 minutes
Easy

Maple sauce
- *1 cup pure maple syrup (no substitutions)*
- *½ cup dark rum*
- *¼ cup sugar*
- *½ teaspoon cinnamon*
- *¼ teaspoon freshly grated nutmeg*

- *4 slightly green bananas, peeled*
- *2 pints coconut or vanilla ice cream*
- *1 cup heavy or whipping cream, beaten until stiff*
- *¼ cup toasted coconut shavings or shredded coconut*
- *2 tablespoons toasted chopped macadamia nuts*

1. Heat and oil grill.
2. *Make maple sauce:* Whisk together maple syrup, rum, sugar, cinnamon and nutmeg in large bowl until sugar dissolves.
3. Place bananas on clean grill and cook, turning frequently, until lightly browned on all sides and almost tender, 6 to 8 minutes. Transfer to cutting board and slice diagonally into ½-inch-thick slices. Stir hot bananas into maple sauce and marinate in the refrigerator 3 hours.
4. Place 2 scoops ice cream in the center of 4 shallow bowls; divide and spoon banana mixture over each scoop. Divide and top each with whipped cream, toasted coconut and macadamia nuts. Makes 4 servings.

Per serving with ½ cup ice cream: 325 calories, 36 g total fat, 21 g saturated fat, 107 mg cholesterol, 63 mg sodium, 115 g carbohydrates, 5 g protein, 106 mg calcium, 1 g fiber

RAICHLEN'S RECIPES FROM "THE BARBECUE! BIBLE," WORKMAN PUBLISHING, 1998 (576 PAGES, $27.95) TO ORDER BOOK, SEE PAGE 132

JAMES PETERSON

It takes a lot of experience to become a top cookbook author, especially of the caliber of James Peterson. He took a year off after college to travel the world, and while visiting France, discovered his true passion—cooking. He went on to study in France, open a New York restaurant and teach in the finest cooking schools in the city, The French Culinary Institute and Peter Kump's New York Cooking School. That expertise is evident in all of Peterson's award-winning books, including *Sauces*, which won the James Beard Cookbook of the Year award in 1991, and *Fish & Shellfish*, which was the IACP/Julia Child Best Single-Subject Cookbook in 1997.

POACHED WHOLE SALMON WITH BASIL MAYONNAISE

"When I want to pull out all the stops to impress my guests, a whole poached salmon with lemon and herbs is just the thing," says Peterson. Not only is it stunning, but by simmering the salmon in a fragrant vegetable broth, it's moist and flavorful, too. To cook any large whole fish, Peterson recommends a fish poacher, which can be purchased at most gourmet food shops. Tip: Peel the skin off the salmon while it's still warm, and it will come off easily.

Prep time: 30 minutes plus chilling
Cooking time: 60 to 65 minutes
Moderate

Vegetable broth
- *8 fresh thyme sprigs (or 1½ teaspoons dried)*
- *1 large bunch fresh parsley*
- *2 large bay leaves*
- *1 large onion, sliced*
- *2 carrots, sliced*
- *2 celery ribs, sliced*
- *8 cups water*
- *1 tablespoon salt*
- *3 cups white wine*
- *14 whole black peppercorns, crushed (optional)*

- *1 whole salmon (5 to 5½ lbs.), head removed*

Basil mayonnaise
- *⅔ cup mayonnaise*
- *⅔ cup sour cream*
- *½ cup chopped fresh basil*
- *1 tablespoon plus 1 teaspoon grated lemon peel*
- *2 teaspoons fresh lemon juice*
- *2 teaspoons chopped shallots*
- *2 tablespoons milk*
- *¼ teaspoon salt*
- *¼ teaspoon freshly ground pepper*

Lemon wedges, fresh mint and thyme sprigs, for garnish

1. *Make vegetable broth:* Combine thyme, parsley and bay leaves in a piece of cheesecloth; tie ends of cheesecloth with kitchen string. Combine cheesecloth bundle, onion, carrots, celery, water and salt in a 4-quart pot. Cover and bring to boil over high heat. Reduce heat to medium-low and simmer gently, partially covered, 20 minutes. Add wine, simmer 10 minutes, then add peppercorns, if desired, and simmer 5 minutes more.
2. Strain broth into an 11-quart fish poacher* on the stovetop over two burners. Arrange salmon in poacher, then add 15 cups cold water to cover the fish. Cover and bring liquid to a boil over high heat (this will take 20 to 25 minutes). When the liquid begins to boil, uncover and reduce heat to medium-low to maintain a gentle simmer. Check the salmon for doneness after 10 to 15 minutes. Gently lift the poaching rack and insert an instant-read thermometer into the backbone, next *(continued)*

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to the center of the fish. (It's best to get someone to help with this, but if there is no one around, set the rack with the salmon on a cutting board.) The temperature should register 132 F. (If you don't have a thermometer, insert a small paring knife along the backbone and peek in—the flesh should separate easily from the bone and should be pink instead of translucent red.)

3. *Make basil mayonnaise:* Combine all ingredients in a bowl. Makes 1/3 cup.

4. Remove salmon from poaching liquid, and carefully transfer using 2 large spatulas to a large serving platter. With a small knife, peel off the top skin, then gently turn the fish over and repeat. Cool to room temperature or refrigerate. Garnish salmon with lemon wedges, mint and thyme sprigs, if desired. Serve with basil mayonnaise. Makes 8 servings.

Per serving: 370 calories, 30 g total fat, 7 g saturated fat, 81 mg cholesterol, 250 mg sodium, 2 g carbohydrates, 22 g protein, 53 mg calcium, 0 g fiber

★ FISH POACHERS ARE AVAILABLE IN GOURMET OR SPECIALTY SHOPS OR CAN BE PURCHASED THROUGH CHEF'S RESOURCE. THE 24" STAINLESS STEEL FISH POACHER ($69) INCLUDES A REMOVABLE POACHING RACK AND TIMER AND IS OVEN, STOVE- AND DISHWASHER SAFE. PRICE INCLUDES SHIPPING, HANDLING AND APPLICABLE SALES TAX. CALL CHEF'S RESOURCE AT 800 763 6392 (VISA, MASTERCARD OR DISCOVER USERS PLEASE SPECIFY PRODUCT).

VEGETABLE TIAN

Test Kitchen Favorite

A tian was originally a Provençal earthenware dish, but the word is now used to mean any gratin that's provençal in character. Provençal gratins typically include tomatoes and zucchini, but you can add any vegetable; only the tomatoes are essential.

Prep time: 30 minutes
Baking time: 45 to 55 minutes
Easy

2 yellow or red bell peppers
6 tablespoons extra-virgin olive oil, divided
2 medium zucchini, cut diagonally into 1/4-inch-thick slices
2 teaspoons finely chopped fresh marjoram or thyme leaves, divided
2 teaspoons finely chopped garlic, divided
1/4 teaspoon salt, divided
1/4 teaspoon freshly ground pepper, divided
40 large fresh basil leaves (2 cups loosely packed)
2 packages (9 oz. each) frozen artichoke hearts, thawed and patted dry
4 ripe tomatoes, cut into 4 wedges each, seeds removed
1/2 cup freshly grated Parmesan cheese

1. Heat broiler. Line a cookie sheet with foil. Place bell peppers on prepared sheet and broil six inches from heat source, turning occasionally, until evenly charred, 10 minutes. Cover peppers; let stand until cool enough to handle. Remove the charred skins. Cut peppers in half; seed and cut into 1/4-inch strips.

2. Reduce oven temperature to 325°F. Heat 1 tablespoon oil in 12-inch skillet over medium-high heat. Add half the zucchini in single layer and cook, turning, until browned, 6 to 8 minutes. Sprinkle with 1 teaspoon marjoram, 1 teaspoon garlic, 1/4 teaspoon salt and 1/8 teaspoon pepper. Cook 1 minute more, turning gently. Repeat with 1 tablespoon oil, remaining zucchini, marjoram, garlic, salt and pepper.

3. Place basil leaves on cutting board, drizzle with 4 teaspoons oil and chop coarsely. Spread evenly on bottom of 3-quart shallow baking dish.

4. Toss artichokes in bowl with 2 teaspoons oil; arrange in single layer in prepared dish. Top with zucchini. Arrange tomato wedges on top of zucchini, overlapping slightly. Arrange pepper strips in a crisscross pattern over tomatoes. Sprinkle evenly with Parmesan and drizzle with remaining 2 tablespoons oil. Bake 45 to 55 minutes or until most of the liquid evaporates from the tomatoes and vegetables are browned. Serve warm or at room temperature. Makes 8 servings.

Per serving: 195 calories, 15 g total fat, 4 g saturated fat, 10 mg cholesterol, 408 mg sodium, 11 g carbohydrates, 8 g protein, 199 mg calcium, 5 g fiber

FRUIT SOUP WITH SPICE BROTH

"This soup is delicate and intriguing because the fruits are served in a light syrup scented with exotic spices," says Peterson. "Sometimes I like to make this soup with unusual tropical fruits to keep the conversation going with people guessing what's what," he adds, "but use whatever fruits you have available."

Total prep time: 30 minutes plus standing and chilling
Easy, Low-fat, Low-calorie

1 vanilla bean, cut lengthwise in half
One 1/4-inch-thick slice fresh ginger
1 star anise, crushed
One 2-inch cinnamon stick or 1/2 teaspoon cinnamon
1/2 cup sugar
4 cups water
Juice of 1 orange (about 1/2 cup)
1 mango or papaya (1 lb.), pitted, peeled and cut into 1/4-inch dice
2 kiwi fruits (8 oz.), peeled and cut into 1/4-inch dice
1 cup red berries (such as raspberries, red currants, wild strawberries or small strawberries), halved
1/2 medium pineapple, peeled, cored and cut into 1/2-inch dice
Fresh mint, for garnish (optional)

1. Combine vanilla bean, ginger, star anise, cinnamon stick *(continued*

Pontiac Montana Sweepstakes

Continued from page 32–33

Official Rules

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2. Open only to legal U.S. residents 18 years of age or olde
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New Bush's Barbecue Baked Beans



Try Bush's new Barbecue Baked Beans. They're slow simmered in herbs and spices until they're just dripping with authentic barbecue flavor. The recipe is a closely guarded family secret. And it's going to stay that way. Right, Duke? Duke?



Barbecues just got better.

(or cinnamon, if using), sugar, water and orange juice in a 4-quart pot with a tight-fitting lid. Bring mixture to a slow simmer over medium-low heat. Cover pot and simmer mixture 5 minutes. Remove from heat and let stand 1 hour.

2. Remove and reserve vanilla bean. Strain syrup through a fine sieve into a large bowl; discard ginger, star anise and cinnamon stick. Scrape the seeds from each half of the vanilla bean and stir into the strained syrup. (*Do not discard vanilla bean. Place dry bean in sugar to make vanilla sugar.*)

3. Stir mango, kiwis, berries, and pineapple into syrup and refrigerate 2 hours. (*Can be made ahead. Cover and refrigerate up to 4 hours.*) Divide soup among six chilled serving bowls. Garnish with mint, if desired. Makes 6 servings.

Per serving: 180 calories, 1 g total fat, 0 g saturated fat, 0 mg cholesterol, 4 mg sodium, 46 g carbohydrates, 1 g protein, 29 mg calcium, 4 g fiber

PETERSON- RECIPES FROM "SPLENDID SOUPS," BANTAM, 199... 274 PAGES, $34.95; "FISH & SHELLFISH," WILLIAM MORROW & CO., 199... 320 PAGES, $40; AND "VEGETAB..." WILLIAM MORROW & CO., 1998, 512 PAGES, $45. TO ORDER BOOKS, SEE PAGE 132.

BRUCE AIDELLS

If your idea of heaven is a plate of spicy sausages or ribs, you're a kindred cooking spirit of Bruce Aidells. The founder of Aidells Sausage Company, in San Francisco, he pays homage to his favorite hearty fare in his cookbooks, including *The Complete Meat Cookbook* (Houghton Mifflin Company, 1998). To accompany these Thai-style ribs, Aidells suggests a salad of thinly sliced cucumbers tossed with white vinegar and sugar, and a crisp, light beer.

THAI-STYLE BARBECUED BABY BACK RIBS

Indulgent But Worth It

These succulent ribs are marinated in a blend of soy, cilantro, lime juice, garlic, ginger and lemon grass and served up with fiery Thai dipping sauce. The marinade also works well with pork chops and lamb riblets.

Prep time: 15 minutes plus marinating and standing
Baking time: 45 to 60 minutes
Easy

Thai marinade
- *¼ cup Asian fish sauce (nuoc nam)*
- *¼ cup chopped fresh cilantro*
- *2 tablespoons peanut oil*
- *2 tablespoons soy sauce*
- *2 tablespoons fresh lime juice*
- *2 tablespoons minced garlic*
- *2 tablespoons sugar*
- *2 stalks lemon grass*, bottom part only, outer leaves removed and tender center thinly sliced*
- *1 tablespoon minced fresh ginger*
- *2 teaspoons Asian sesame oil*

4 to 4½ pounds pork loin back ribs (baby back ribs) or pork spareribs

Thai dipping sauce
- *2 tablespoons fresh lime juice*
- *2 tablespoons rice wine vinegar*
- *1 tablespoon soy sauce*
- *1 tablespoon hot Thai chili sauce or 1 teaspoon red pepper flakes*
- *1 teaspoon minced garlic*
- *½ teaspoon Asian sesame oil*

1. *Make Thai marinade:* Combine all ingredients in a large shallow dish. Add ribs; cover, and marinate in the refrigerator overnight, turning occasionally.

2. Remove ribs from the refrigerator and let stand at room temperature 30 minutes. Meanwhile, arrange oven racks in the bottom and upper third of oven. Heat oven to 300°F.

3. Remove ribs from marinade, shaking off excess; reserve marinade for basting. Fill a roasting pan halfway with water; place on the bottom oven rack. Arrange ribs in one layer on two racks in a shallow roasting pan. Place pan on upper oven rack and bake 45 to 60 minutes, basting with marinade until the meat is very tender. (Do not baste the last 20 minutes of baking, but discard any remaining marinade.) Temperature should reach 155°F. to 165°F. on a instant-read thermometer when inserted at the thickest part of the rib. Transfer ribs to cutting board, cover with foil and let stand 5 to 10 minutes. Cut into serving pieces and serve with Thai dipping sauce. Makes 6 servings.

Thai dipping sauce: Combine all ingredients in a small bowl, stirring until sugar dissolves. Makes ⅓ cup.

* AVAILABLE AT ASIAN PRODUCE MARKETS.

Per serving: 635 calories, 50 g total fat, 18 g saturated fat, 183 mg cholesterol, 745 mg sodium, 6 carbohydrates, 39 g protein, 77 mg calcium, 0 g fiber

ROAST POTATO AND GRILLED VEGETABLE SALAD

Here's a great way to load up on summer veggies! Roasted potatoes are tossed with grilled zucchini, yellow squash, eggplant, red onion, bell peppers and plenty of zesty garlic-mustard vinaigrette. It's also a great way to use up leftover boiled potatoes: Thickly slice them, brush with a little olive oil and grill just until heated through.

Prep time: 25 minutes
Baking time: 20 to 25 minutes
Easy

Oven-roasted potatoes
- *1½ pounds small red or Yukon gold potatoes, cut into quarters*
- *2 tablespoons olive oil*
- *¼ teaspoon salt*
- *1 teaspoon freshly ground pepper*
- *2 tablespoons chopped fresh rosemary, or 2 tablespoons chopped fresh parsley and 2 teaspoons dry rosemary, thyme or savory*

Grilled vegetables
- *2 sweet bell peppers (red, yellow or green)*
- *1 zucchini, thinly sliced lengthwise*
- *1 yellow or pattypan squash, thinly sliced lengthwise*
- *1 Japanese eggplant, sliced lengthwise*
- *1 red onion, quartered*
- *⅓ cup olive oil*
- *½ cup thinly sliced green onion*

Garlic-mustard vinaigrette
- *1 garlic clove, minced*
- *1½ teaspoons Dijon mustard*
- *¾ teaspoon red wine vinegar*
- *¼ teaspoon Worcestershire sauce*
- *Pinch salt*
- *¼ teaspoon freshly ground pepper*
- *2 tablespoons olive oil*
- *1½ teaspoons chopped* *(continued)*

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There are many more cooking secrets from the pros in the *Ladies' Home Journal* Kitchen on our Web site. Log on to http://www.lhj.com/kitchen.

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Also on our site, you can register to receive the LHJ RecipE-mail, a delicious, doable recipe sent to you daily via E-mail direct from our kitchens. Sign up now, and you'll be in time to receive these recipes: Moo-Shoo Pork in Tortillas, Orange Beef, Zesty Tomato Pasta, Tropical Crunch Bars and Chocolate-Cherry Brownies. See you in the kitchen at LHJ Online!

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In fact, 30 of the 1999 Windstar Product Development Team members happen to be moms.

ire, they know torque converters. But they also know diapers, infant seats and juice boxes. And, because they

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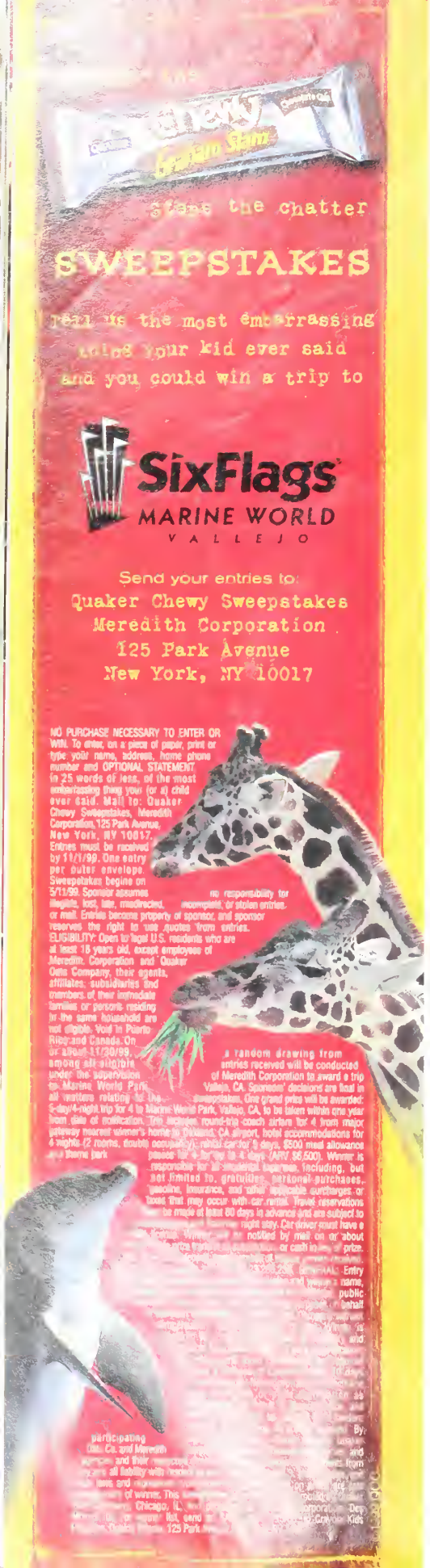
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GREAT COOKS, GREAT FOOD

Continued

fresh herbs, such as basil, thyme, oregano or marjoram

Fresh thyme sprigs, for garnish

1. *Make oven-roasted potatoes*: Heat oven to 450°F. Combine potatoes with remaining ingredients in a medium bowl. Spread potatoes on large cookie sheet and roast, turning occasionally, until the potatoes are nicely browned on all sides, 20 to 25 minutes.
2. Meanwhile, heat grill.
3. Brush both sides of bell peppers, zucchini, yellow squash, eggplant and red onion with oil. Grill vegetables in batches 4 to 6 minutes per side, until softened and lightly charred. Transfer to large plate and cool.
4. *Make garlic-mustard vinaigrette*: Combine garlic, mustard, vinegar, Worcestershire, salt and pepper in small bowl. Gradually whisk in oil until mixture has thickened. Stir in herbs.
5. Coarsely chop eggplant, squash and onions. Peel and seed bell peppers and slice into thin strips.
6. Place the potatoes, grilled vegetables and green onion in a large bowl. Toss with half of the vinaigrette. Transfer salad to a shallow serving bowl or platter and pour on remaining vinaigrette. Garnish with fresh thyme, if desired. Makes 6 servings.

Per serving: 315 calories, 21.5 g total fat, 3 g saturated fat, 0 mg cholesterol, 167 mg sodium, 29 g carbohydrates, 4 g protein, 40 mg calcium, 4 g fiber

BLUEBERRY SUGAR SHORTCAKE WITH WARM PEACH COMPOTE

For sweet inspirations Aidells doesn't have to travel far: This luscious shortcake is from his wife, Nancy Oakes, the executive chef and co-owner of one of San Francisco's top-rated restaurants, Boulevard. Self-rising flour takes the guesswork out of assembling the shortcake, and the peach filling can be made ahead and gently reheated. "If the peaches are really ripe and flavorful, I don't bother to cook them," says Aidells. "I just toss them with sugar and fresh lemon juice to taste."

Prep time: 25 minutes
Baking time: 35 to 40 minutes
Easy

Shortcake
2¼ cups self-rising cake flour
⅓ cup plus 2 tablespoons granulated sugar
1 cup fresh blueberries
1 cup heavy or whipping cream
2 tablespoons melted unsalted butter (no substitutes)

Peach compote
3 tablespoons butter (no substitutes)
⅓ cup firmly packed brown sugar
8 ripe peaches (2 to 2½ lbs.) peeled, sliced into eighths

Fresh mint sprigs, for garnish
Whipped cream

1. *Make shortcake*: Heat oven to 375°F. Grease a large cookie sheet. Whisk together flour and ⅓ cup granulated sugar in large bowl. Gently stir in blueberries. Add cream and mix gently with rubber spatula just until mixture comes together. (Dough will be crumbly.) Turn dough out onto prepared cookie sheet; pat into a round and let rest 5 minutes. Pat dough to a 6-inch circle about 1½ inches thick. Brush top and sides with melted butter; sprinkle top with remaining 2 tablespoons granulated sugar. Bake 35 to 40 minutes, until golden brown and toothpick inserted in center comes out clean. Cool on cookie sheet 5 minutes. Transfer to wire rack and cool completely.
2. *Make peach compote*: Meanwhile, melt butter in large nonstick skillet over medium-high heat. Stir in brown sugar and cook 2 minutes, until sugar begins to melt. Add peaches and cook until peaches are heated through, 3 to 4 minutes.
3. Set ½ cup peach compote aside for garnish. Split shortcake in half horizontally; transfer bottom half to serving platter. Spoon peach compote on bottom half. Arrange top half of shortcake over fruit. Garnish top half of shortcake with reserved peach compote and mint sprigs, if desired. Serve with whipped cream. Makes 8 servings.

Per serving without whipped cream: 410 calories, 19 g total fat, 11.5 g saturated fat, 60 mg cholesterol, 410 mg sodium, 58 g carbohydrates, 4 g protein, 9 calcium, 2 g fiber

AIDELLS' RECIPES FROM "THE COMPLETE MEAT COOKBOOK," BY BRUCE AIDELLS AND DENIS KELLY. HOUGHTON MIFFLIN COMPANY, 1998 (688 PAGES). TO ORDER BOOK, SEE BELOW.

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Cherry Pie

Fresh, ruby-red cherries make a bursting-with-flavor, all-American fruit pie

There's no tastier finish for a Fourth of July cookout than a juicy, golden cherry pie. But hurry! Peak cherry season lasts only one month, beginning the first week in July. If you're lucky, you'll find tart cherries at your local farm stand; otherwise, look for frozen tart cherries in selected supermarkets.

For the freshest-tasting filling, we thickened it with tapioca; for the crust, we used a combination of shortening (for flakiness) and butter (for flavor). Tip: Fresh cherries bruise easily and start to lose their vibrant color once picked. If you can't use them within two days, pit them and freeze in a single layer on a cookie sheet. Transfer to freezer bags and freeze up to six months.

THE PERFECT SOUR-CHERRY PIE
Food Editor's Favorite

Prep time: 30 minutes plus standing and chilling
Baking time: 60 to 70 minutes
Moderate

Pastry
- *2¼ cups all-purpose flour*
- *3 tablespoons sugar*
- *½ teaspoon salt*
- *½ teaspoon grated lemon peel*
- *9 tablespoons butter, cut up*
- *⅓ cup vegetable shortening, chilled*
- *5 to 6 tablespoons ice water*

Cherry filling
- *5 cups fresh, sour cherries or 1¼ pounds frozen cherries*
- *¾ cup sugar*
- *3 tablespoons instant tapioca*
- *¼ teaspoon almond extract*

1 large egg, separated
2 teaspoons sugar

Make pastry: Combine flour, sugar, salt and lemon peel in a bowl. With pastry blender or 2 knives, cut in butter and shortening until mixture resembles coarse crumbs. Add water, tossing with a fork, until pastry holds together. (For food processor: Pulse flour, sugar, salt and lemon peel to combine. Add butter and shortening and pulse until mixture resembles coarse crumbs. Sprinkle 3 tablespoons water onto flour mixture. Pulse 3 times. Add 2 tablespoons water and pulse until pastry just comes together, adding more water, if necessary.)

2. Shape pastry into 2 balls, one slightly larger than the other. Flatten into disks and wrap; refrigerate up to 1 hour.

3. *Make filling:* Pit cherries (photo A). Stir together cherries, sugar, tapioca and almond extract in large bowl. Let stand 15 minutes (45 minutes for frozen cherries), stirring occasionally.

4. Adjust oven rack to lowest position. Heat oven to 425°F. On a lightly floured surface, roll larger pastry disk into a 12-inch circle. Fit pastry into a 9-inch pie plate, leaving a 1-inch overhang. Cover with plastic wrap and refrigerate. Roll remaining pastry into a 10-inch square. Trim edges with a pastry wheel or sharp knife. Cut pastry into ten 1-inch-wide strips (photo B).

5. Lightly beat egg white until foamy, and brush bottom of pie pastry. Spoon in filling. Beat egg yolk with 1 tablespoon water and brush edge of pastry. Weave strips over filling for lattice crust (photo C). Trim ends and flute. Brush strips and edge with yolk mixture. Sprinkle with 2 teaspoons sugar. Place on cookie sheet. Bake 10 minutes. Cover edge of pastry with foil. Bake 50 minutes more or until juices in center bubble (60 minutes for frozen cherries). If lattice darkens, cover loosely with foil. Cool on wire rack. Makes 8 servings.

Per serving: 475 calories, 23 g total fat, 10.5 g saturated fat, 61 mg cholesterol, 321 mg sodium, 64 g carbohydrates, 5 g protein, 23 mg calcium, 1 g fiber ●

Recipe by Jane Yagoda Goodman



A. Remove pits from stemmed cherries

B. Cut pastry into one-inch-wide strips with pastry wheel

C. Arrange strips in lattice pattern over fruit

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Juicy Grilled Pork Chops get dynamite taste thanks to the chips of your choice

Into the woods ...that's where barbecue lovers are going to flavor up grill favorites this summer

Sauces and marinades used to be the only choices for livening up grilled food, but wood chips are fast becoming the favorite way to flavor food cooked on the barbecue.

Wood chips, layered over briquettes, impart tastes sweet to tangy. Mesquite, one of the most common flavors, is popular in the Southwest, where it is plentiful. The same is true of hickory in the Midwest and alder in the Northwest.

Tip: Before grilling, be sure to soak wood chips in water, so they won't burn too quickly; then grill food as usual.

GRILLED [illegible]

Prep time: 5 [illegible]
Grilling time: [illegible] 30 minutes
[illegible]

2 cups apple or hickory wood chips
4 loin pork chops with bone, 1 inch thick (about 2½ lbs.)
½ teaspoon salt
¼ teaspoon freshly ground pepper
2 teaspoons butter or margarine (optional)
Sliced zucchini and yellow squash (optional)

1. Combine wood chips and enough cold water to cover in a large bowl. Let stand 30 minutes.
2. Meanwhile, remove pork chops from refrigerator and prepare grill. *For gas:* Drain wood chips; place chips in a small foil pan in the front left-hand corner of the grill. Add a half cup of water. Place a disposable foil drip pan in center of bottom grate. Replace top cooking grate. Close lid and heat burners on High, 500°F. to 550°F., 10 to 15 minutes. To grill, adjust burner controls. Be sure to position pork chops in center of grill and turn off heat source directly under the chops. (For triple-burner grill, turn center burner off.) Reduce heat to medium or medium-low on remaining burners. *For charcoal briquettes:* Open all vents. Build two equal piles of briquettes (30 to 60 total, depending on the size of your grill) opposite each other on bottom grate near the grate's edge. Ignite and burn briquettes 25 to 30 minutes, until coals are covered with a light coating of gray ash (if one side seems hotter than the other, use long-handled tongs to rearrange coals). Place a disposable foil pan in center of bottom grate. Drain wood chips and add 1 cup to

WOOD-CHIP CHOICES

1. *Hickory:* This wood has a strong, bacon-like flavor; it pairs well with ribs, brisket and traditional barbecued foods. 2. *Apple:* Its unique fruit flavor is best with fresh ham, turkey, pork chops, sweet sausages and salmon. 3. *Cherry:* Similar to apple, but with a slight tart aftertaste. Ideal with lamb, duck and steak. 4. *Mesquite:* Provides a hotter fire than most woods, resulting in a robust flavor; best with pork, spare ribs, steak and most red meats. 5. *Sweet Birch:* The sweet, delicate taste it imparts is perfect with chicken, swordfish, tuna, salmon, lamb, pork and all vegetables.

pile of hot briquettes.
il grill. Sprinkle both sides of
. chops with salt and pepper.
e chops directly over coals. Grill
minutes per side, until browned.
nsfer chops to center of grill
ctly over drip pan. Cover and
ke over medium fire (300°F. to
°F.) 20 to 30 minutes, turning
s once, until instant-read meat
mometer inserted in center of each
registers 160°F. Top each chop
½ teaspoon butter, if desired,
serve with sliced zucchini and
w squash. Makes 4 servings. •

erving: 780 calories, 61 g total fat,
saturated fat, 211 mg cholesterol,
ng sodium, 0 g carbohydrates, 53 g protein,
g calcium, 0 g fiber

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NUTRITION GUIDE

Calorie and nutrient analysis appears at the end of each of our recipes to help you plan nutritious meals.

Daily Goal

Calories	2,000 (F); 2,500 (M)	Cholesterol	300 mg or less
Total fat	60 g or less (F) 70 g or less (M)	Sodium	2,400 mg or less
		Carbohydrates	250 g or more
		Protein	55 g to 90 g
Saturated fat	20 g or less (F) 23 g or less (M)	Calcium	1,000 mg
		Fiber	20 g to 35 g



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(And Uncle Lou and Uncle Fred...)



All-American Flag Mold

Prep: 30 minutes

4 cups boiling water, divided
2 pkg. 4-serving size JELL-O® Brand Berry Blue Gelatin
2 pkg. 4-serving size JELL-O Brand Gelatin, any red flavor
3 cups ice-cold water, divided
1 pkg. 4-serving size JELL-O Brand Lemon Gelatin
1 tub (8 oz.) COOL WHIP® Whipped Topping, thawed

STIR 1½ cups boiling water each into blue and red gelatin in separate bowls at least 2 minutes until dissolved. Stir 1½ cups ice-cold water into each bowl. Spray 10-cup Flag Mold with no-stick cooking spray; place on cookie sheet. Pour red gelatin into mold. Refrigerate 45 minutes until set but not firm. Refrigerate blue gelatin in bowl 45 minutes.

MEANWHILE, stir remaining 1 cup boiling water into Lemon gelatin in bowl at least 2 minutes until dissolved. Refrigerate 25 minutes or until slightly thickened, stirring occasionally. Stir in whipped topping with wire whisk. Gently spread over red gelatin in mold. Refrigerate 10 minutes or until set but not firm. Gently spoon thickened blue gelatin over Lemon gelatin mixture in mold.

REFRIGERATE 4 hours or overnight until firm. Unmold. Garnish with berries, if desired. Makes 16 servings.

Tip: Prepare in a 13 x 9-inch pan. Decorate with whipped topping and fruit to resemble flag.

To order your Flag Mold call 1-800-JELL-O MOLD.

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Our Chicken Salad takes a walk on the light side

It still tastes rich and creamy, but this **chicken salad** won't bust the fat and calorie budget

This slimmed-down salad features, in addition to chicken and celery, plenty of cucumber, radish and carrot for added crunch. Sweet mango, peppery arugula and fiery chile give it extra flavor and texture. Although there are many spin-offs of the basic chicken salad, ours is guaranteed to satisfy.

CHICKEN SALAD

Total prep time: 30 minutes

Easy

⅓ cup plain low-fat yogurt
¼ cup light mayonnaise
1 tablespoon lemon juice
1 teaspoon Dijon mustard
½ teaspoon salt
¼ teaspoon freshly ground pepper
4 cups cubed cooked chicken
1 cup thinly sliced celery
1 cup peeled, seeded and sliced cucumber
½ cup shredded radish
½ cup shredded carrot
¼ cup chopped green onions
1 to 2 tablespoons seeded, minced jalapeño
1½ cups cubed mango
2 tablespoons chopped fresh mint
1 bunch arugula or watercress

1. Whisk yogurt, mayonnaise, lemon juice, mustard, salt and pepper together in bowl. Add chicken, celery, cucumber, radish, carrot, green onions and jalapeño. Stir until blended. Just before serving, stir in mango and mint. Serve on greens. Makes 8 servings. ●

Recipe by Sarah Reynolds

CHICKEN SALAD STACK-UP



OLD		NEW
600	calories	265
45 g	fat	11 g
11 g	saturated fat	2.5 g
167 mg	cholesterol	87 mg
367 mg	sodium	313 mg
5 g	carbohydrates	13 g
42 g	protein	29 g
88 mg	calcium	88 mg
1 g	fiber	2 g

(...and Aunt Jane and Aunt Mary...)



Cool 'n Easy® Pie

Prep: 10 minutes

2/3 cup boiling water
1 pkg. (4-serving size) JELL-O® Brand Gelatin, any flavor
1/2 cup cold water
Ice cubes
1 tub (8 oz.) COOL WHIP® Whipped Topping, thawed, divided
1 prepared graham cracker crumb crust

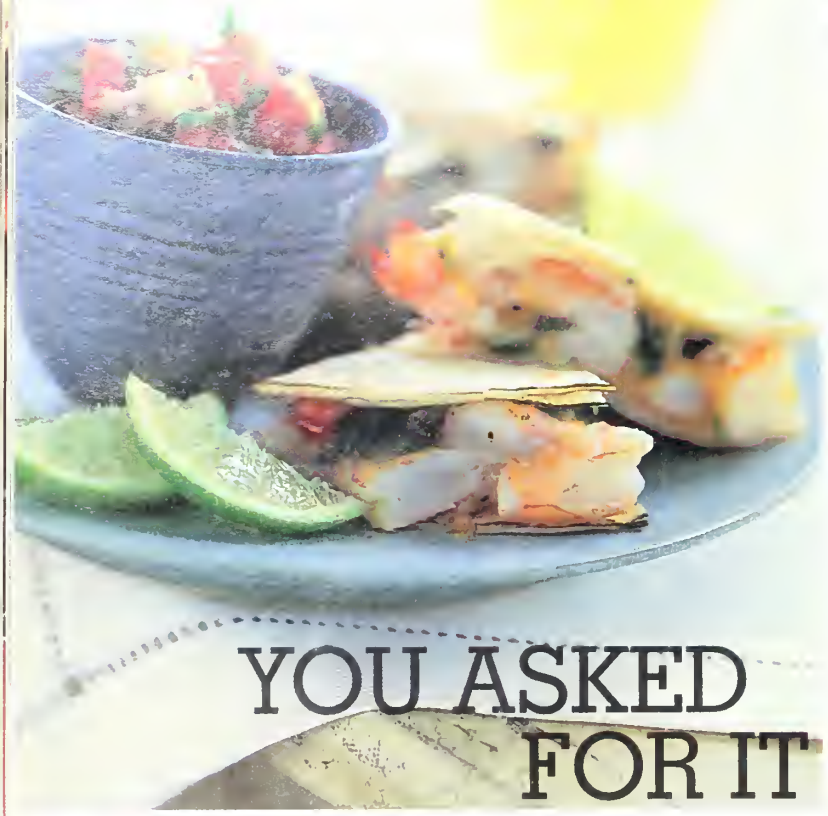
STIR boiling water into gelatin in large bowl at least 2 minutes until completely dissolved. Mix cold water and ice to make 1 cup. Add to gelatin, stirring until slightly thickened. Remove any remaining ice.

STIR in 2½ cups whipped topping with wire whisk until smooth. Refrigerate 15 to 20 minutes. Spoon into crust.

REFRIGERATE 4 hours or overnight. Just before serving, garnish with remaining whipped topping and fruit. Makes 8 servings.

Cool Whip JELL-O





YOU ASKED FOR IT

JAN SAYS

"To bring out the maximum flavor in spices, toast them first. Place the measured amount in a dry skillet and cook over a medium-low heat, shaking the pan, until fragrant—one or two minutes. This technique works well with cumin seed or powder, and curry or chili powder."

Dear LHJ,
We recently had shrimp quesadillas as an appetizer at Renes restaurant, in Sedona, Arizona. These quesadillas were anything but ordinary. They were so delicious, I almost had no room for dinner. Can you please get the recipe?

Elizabeth Lewis
Green Valley, Arizona

This recipe packs in tons of flavor with a peppy blend of Mexican cheeses and fresh cilantro. A piquant tomato salsa with a dash of cumin carries out the Tex-Mex theme.

SHRIMP QUESADILLAS

1. *Make salsa.* Combine *2 medium fresh tomatoes, cored and diced, 1 can (8 oz.) tomato juice, 1 small onion finely chopped, 3 tablespoons chopped fresh cilantro, 1 tablespoon hot red pepper sauce, half of a jalapeño chile, seeded and minced, 1½ teaspoons minced garlic, 1 teaspoon cumin* and *½ teaspoon salt* in medium bowl. Cover bowl tightly with plastic wrap and refrigerate overnight.

2. Arrange oven racks on upper and lower third of oven. Heat broiler. Arrange *6 medium poblano chiles (1 lb.)* on a foil-lined broiler pan. Broil 4 inches from heat, 10 to 12 minutes, turning chiles until evenly charred. Wrap chiles tightly in foil and cool completely. Reduce oven temperature to 425°F.

3. Meanwhile, heat *2 tablespoons olive or vegetable oil* in 12-inch skillet over high heat, 2 minutes. Toss *1½ pounds medium shrimp, peeled and deveined, 1½ teaspoons prepared cajun spice* and *½ teaspoon salt* in medium bowl. Add shrimp to hot skillet and cook 3 minutes, stirring constantly, until lightly browned. Transfer to a large bowl.

4. Unwrap foil package; transfer chiles to a cutting board. Peel skin and discard seeds from chiles, then coarsely chop. Add chiles to bowl with shrimp and toss with *1 package (16 oz.) shredded Mexican four-cheese blend* and *⅓ cup chopped fresh cilantro.*

5. Brush 2 large cookie sheets with 1 tablespoon olive oil. Arrange *six 10-inch (burrito-size) flour tortillas* on flat surface. Divide and cover half of each tortilla with shrimp mixture; fold tortilla over to cover filling. Arrange on prepared sheet. Brush top of each tortilla with *½ teaspoon olive oil.* Bake 10 to 12 minutes, switching and rotating cookie sheets between racks halfway through baking, until lightly browned. Cut each quesadilla into 6 wedges and serve immediately with salsa. Garnish with *lime wedges.* Makes 36 wedges. ●

Per serving: 115 calories, 6.5 g total fat, 3 g saturated fat, 34 mg cholesterol, 286 mg sodium, 7 g carbohydrates, 7 g protein, 112 mg calcium, 1 g fiber

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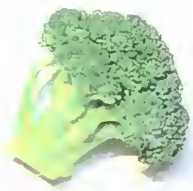

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CHER SHARES

Continued from page 42

know them for a while. All my ex-boyfriends and I have remained friends because we were friends before we were lovers.

Q: **Who has been the greatest love of your life?**

CHER: My relationship with Rob was the best. He was so much fun. I felt that I was in really good hands when I was with him. He always said to me, "You need protecting." Unfortunately, by protecting me, he ended up getting arrested and thrown in jail [for fighting off the paparazzi], which was the beginning of the end of the relationship. But today, we are still the best of friends, and we talk all the time.

Q: **You've been celibate since your relationship with Richie Sambora ended six years ago. Are you through with men?**

CHER: Definitely not. For me to be single this long is quite strange. It's the longest I've ever been on my own. I've had a great time, but now I'd like to find somebody again.

Q: **Why don't you, then?**

CHER: The truth is, I hardly ev[er] s[ee] men that I'm attracted to. I'm n[ot] a[t]tracted to guys just because the[y] l[ook] great. Some of the men I've bee[n] [s]een with are very handsome; others ha[ve] been really unattractive but fab[ulous]. Then there's the problem of [b]eing Cher. It's easy for women to [g]o out with men who are famous [because] no man wants to be Mr. Cher.

Q: **Do you ever feel that time is begin[ning] to run out?**

CHER: I've always thought of m[y] a luxury rather than a necessity.

Q: **Your first husband, Sonny, died [five] and a half ago. The two of you alway[s h]ad a stormy relationship. How do yo[u f]eel about him now?**

CHER: Up until Sonny's death [m]y body wanted to know me, and [w]e suddenly, it all started happenin[g t]o me. I wouldn't be at all surpris[ed] if he's up there taking care of me. I did a good job of looking after [h]im the sixties, and I'm quite happ[y f]or him to do it again now. ●

THEY LOST 3,560 POUNDS

Continued from page 50

Park Pavilion, they've cheered for the individual winners—Carol Ludwig, fifty, lost 32 pounds; Mary Beth Hollenback, forty-nine, dropped the most body fat (down 4.7 percent). Now, they want to know who the winning teams are. Standing onstage, in front of a banner that reads "Cheers to a Great Beginning," Schell announces the results: The entire group lost 3,560 pounds. In third place, with 91 pounds lost (an average of 13 per person) was "No Excuse." In second place, for the second year, was "Lean on Me," with 133 pounds off (13.3 per person). And in first place, "Six Pack Lights," a co-ed team of six who lost 101 pounds (16.8 per person.)

Patti Bell, seated in the front row, raises a glass of champagne to her "Lean on Me" teammates. "We'll get 'em next year," she predicts.

Although the entire group dropped about four hundred pounds less than the year before (despite more participants), organizers chalk up the difference to the season. "[T]his year's challenge was held during the winter, when most people tend to gain pounds, while last year's took place in the spring. Furthermore, one hundred fifty of the participants came back from the year before and they didn't have as much to [lose]. Still, everyone is thrilled with the results; nearly two hundred participants lost ten pounds or more.

Three weeks later, organizers are busy planning the next round of "Fight the Fat." In 2000, things will be a little different, they say. "We'll award a prize to the team with the greatest percentage change in [weight]es," Schell says. "It's another way to chart progress—without being [hor]ried to the scale."

Whatever the focus, the [basic] thrust of the program will certainly stay the same, she adds. "We're really trying to show people that getting healthy can be fun." ●

Cynthia Hanson, a contributing editor to Chicago magazine, frequently writes for Ladies' Home Journal.

MY HUSBAND DIE"

ed from page 64

ian, concluded the evidence rted Michele's decision. She re- l that she'd found "convincing ce" that Hugh "would not wish e his life artificially prolonged." dge ruled in Michele's favor. r, "I just broke down and cried," le remembers. "I felt so alone."

olic Battle

ruling, the judge allowed thirty or Hugh's brother to file an ap- Yet as the summer wore on, it Michele's sister, Elaine, who ed the matter. She contacted ia state officials and found an state Delegate Robert Mar- who had once attempted to removing a patient's feeding At Marshall's urging, the Vir- Health Department began an igation into Hugh's case. The made the front page of *The ngton Post*.

nurse from the state Depart- of Medical Assistance Services to the nursing home, reviewed 's charts and spent nearly an and a half with him. She later ed he once said, "Hi." But she ot dispute the doctors' diagno- PVS.

anwhile, in Louisville, Michele besieged by reporters. On mber 20, more than two hun- protesters marched in front of ursing home. Some carried signs ead, "Don't Kill Hugh Finn," "Michele: Will you eat while starves?"

e ordeal began to take its toll. ly, on the evening of Septem- 6, Michele sat in the lobby of ursing home, crying. She called Finn, and asked for his help.

ll come," he told her.

chele poured out her heart to brother-in-law, trying to make understand that she was trying try out Hugh's wishes. Over the two days, she met with other ly members. Eventually they to a painful understanding. Finns assured her they would ppeal her decision.

"I felt it was finally over," Michele says. But then, around ten-thirty P.M. on September 30, as doctors prepared to remove the tube that was keeping Hugh alive, Michele's cell phone rang. Virginia Governor James Gilmore III had filed a suit to stop the procedure. Michele was to appear in court that night.

At the hearing, a senior counsel for the state attorney general representing the Governor argued that withdrawing the feeding tube was euthanasia. Michele's attorney informed the court that three state-sponsored doctors had examined Hugh and had diagnosed him as being in PVS with no expectation of recovery. The judge ruled against the Governor's motion.

A few hours later, nurses removed the feeding tube, and Michele began a sad vigil at her husband's bedside. She held his hand and prayed.

But the battle continued to rage. Each night, protesters picketed the nursing home as Governor Gilmore asked the state supreme court for an emergency hearing. His petition was denied. On October 8, Delegate Marshall filed a motion asking to have the feeding tube reconnected. The judge ruled against him.

On October 9, Michele received an early morning call. Hugh was dying. She rushed to the nursing home.

"It's okay, Hugh. You can let go now," she told him, crying. "I'll take care of the girls. We'll be all right. We'll be together again."

Moments later, he stopped breathing.

The Right Choice

Today, the family remains divided. "[Hugh] was murdered, as far as I'm concerned," says his father, John Finn expresses less certainty. "I don't think I'll ever know [if] the right thing was done[]," he says.

"We're all good people and we all loved Hugh," says Karen. "Unfortunately, the [family] was at odds."

But [Michele] herself has doubts that [she] did the right thing. "Absolutely none," she says. "Absolutely none." •

Kathryn Casey is a contributing editor of Ladies' Home Journal.



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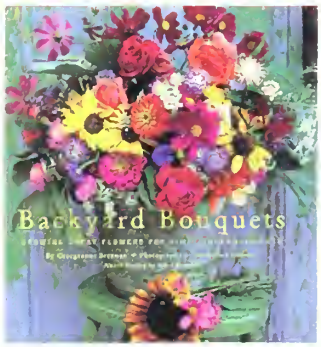
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From pages 110–114



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WOMEN'S CHOICE AWARDS

ed from page 99

sci-fi flick *Innerspace*, she met
e of her life; they married four
ater, on Valentine's Day. But it
until 1989 that Ryan played the
ter a million women identified
the neurotic, tough and tender
n *When Harry Met Sally*. . . .
se days Ryan seems curiously
ined to change her image. For
Ryan has been trying to launch a
bout Sylvia Plath, in which she
play the poet, a young wife and
r whose tortured inner life led
suicide.
she doesn't have to be serious to
en seriously. In fact, she may be
valuing her greatest gift: In all
mantic comedies, she has the un-
and mysterious capacity to make
ieve in love again. Not that we've
ed believing, exactly. But Ryan
is the sense that love might come
strange, unexpected quarters—
iat it could happen to us.
ich is why, when it comes to Meg
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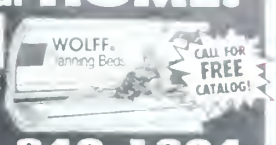
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CLASSIFIED LADY



Dad needed us to talk to God. But did we know how? By Ronnie Polaneczky

Answered Prayers

My sister Franny bursts into the hospital cafeteria in her efficient-nurse mode, and gives us the news. "Mom's got a seventy-percent blockage, and they're going to open it up. But she'll be fine, so don't worry."

She hustles out to talk to the doctor, and my father, sister Peg and I settle in to wait for the thumbs-up on the angioplasty. My mother has been sick so infrequently in her seventy-three years that we're in shock over the blocked artery that brought her here.

"Son of a gun," my father says. Then he takes off his glasses, puts his face in his hands and begins to shake. Forty-five years of marriage to the mother of your nine children and grandmother of your sixteen grandchildren will do that to you. Peg and I quickly put our arms around him and coo every platitude we can think of.

Then Peg unwittingly prompts a rite of passage. "Dad, do you want us to pray with you?" She's talking to him, but she's looking at me. I'm glad his head is down, because my jaw drops, as in Who, *us?*

"I'd appreciate that," he says.

In my family, it's my parents, not their children, who pray. Oh, my siblings and I have fairly strong spiritual opinions, and we attend different sorts of religious establishments with varying degrees of commitment. But we lack my mother's and father's core, unshakable belief, which is so legendary that some of our friends routinely call my folks, asking them to "put in a word with the Big Guy."

Then again, none of us ever had to shepherd nine children safely into adulthood. That's bound to make a believer out of you. "How in the world did you guys do it?" I ask my parents when I'm overwhelmed with my toddler's demands. "Prayers," they answer. "Lots of prayers."

So now it's our turn. We jump in, not really knowing what to say but hoping the effort itself will soothe our fright. We ask God to give the doctor a steady hand, that Mom not be scared, that Dad will feel calm. We thank Him for letting the doctors find the blockage in time, and we ask for patience while we wait. Our big finish is a than you for Franny, whose authorit makes us feel less small in this bi scary place.

Dad lifts his head and takes heaving breath; the color returns t his cheeks. Peg and I look at eac other, pleasantly stunned, newl minted authors of prayers that hav ascended inexplicably to the hea ens and—there can be no doub from the relief on my father's face— have been heard. *Did we do that?* silently mouth to Peg.

I think so, she mouths back.

I spend the rest of the day i fuzzy suspension until finally Mom whose angioplasty was successful, i wheeled to her room. And I make decision. While I will continue t rely on my parents' prayers, I wil start regarding them as a backup to not a replacement for, my own fal tering ones. After all, my folks be came believers over time, no overnight.

Maybe all I need is practice. ●

Ronnie Polaneczky is a columnist for the Philadelphia Daily News, in which this article first appeared.

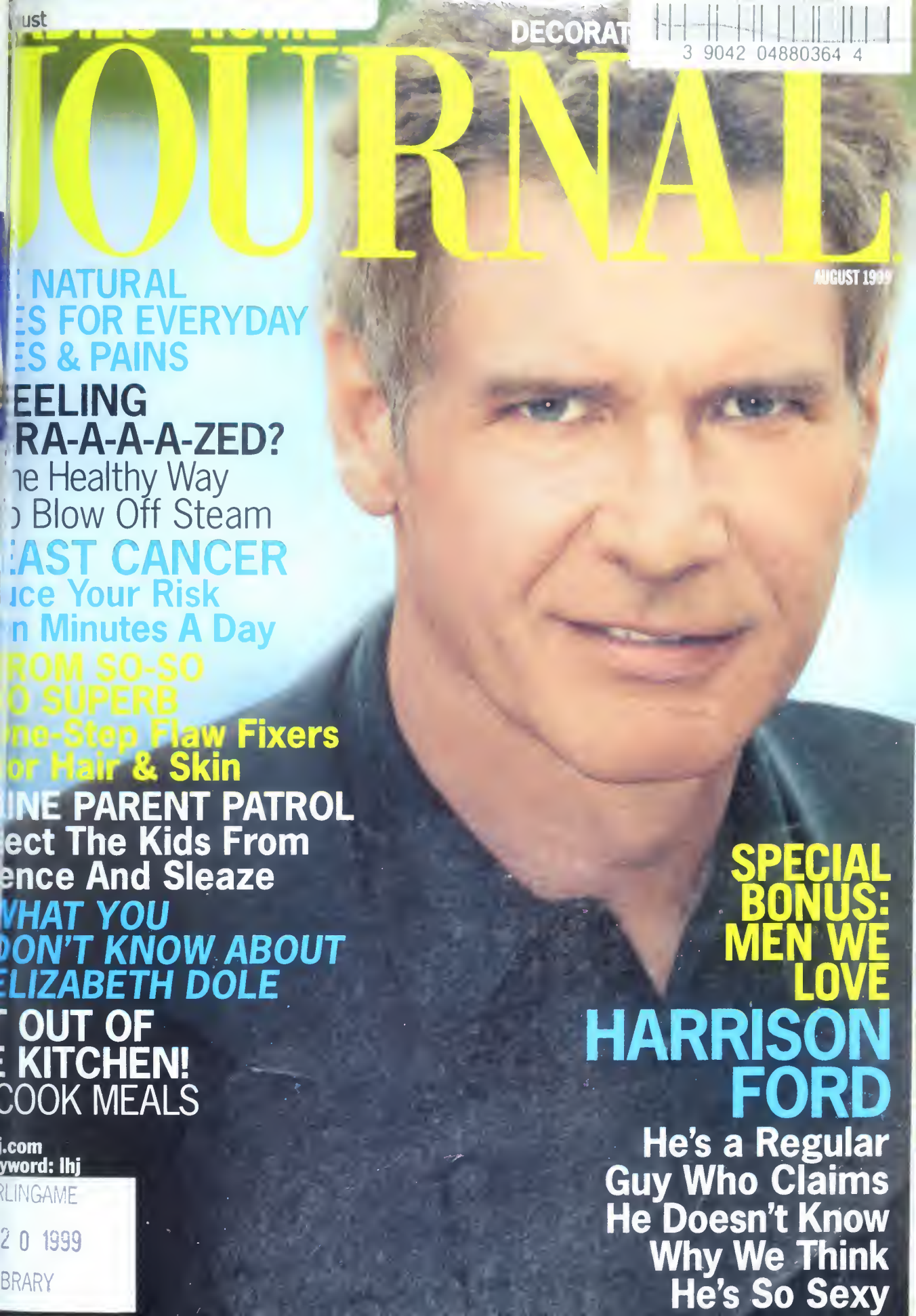
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LADIES' HOME
JOURNAL
August 1999

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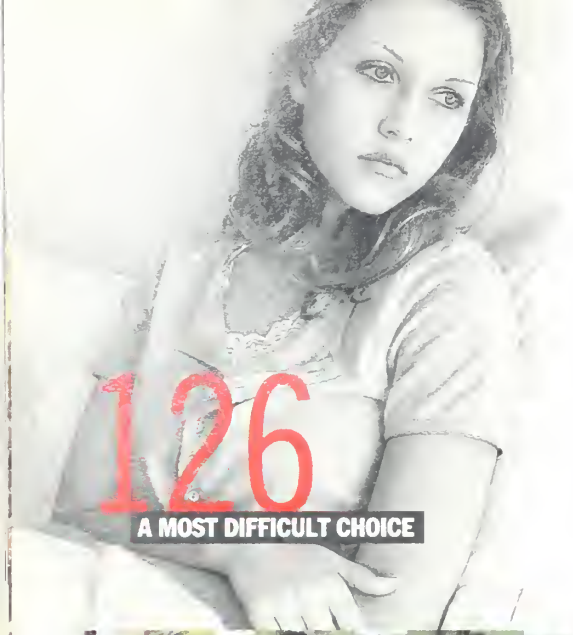


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LADIES' HOME JOURNAL online

Visit *Ladies' Home Journal* Online at www.lhj.com/sfeatures for our new Furniture Arranger. With the click of a mouse, you can try out different floor plans for your bedroom, home office or living room—and get layout tips and tricks from our expert designer.

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SMART LADIES



Most years, *Ladies' Home Journal* hosts a luncheon in New York where we give our "One Smart Lady" Award to an outstanding woman. In the past few years we have given the award to Hillary Clinton, Janet Reno, Margaret Thatcher, Oprah Winfrey and Rosie O'Donnell. This year our award winner was Elizabeth Dole.

Each luncheon has been interesting and different because it reflects the personality of the honoree. Oprah brought the audience to tears with her rendition of Sojourner Truth's "Ain't I a Woman." Rosie was both outspoken and touchingly appreciative of the award. Both Hillary Clinton and Janet Reno talked about issues that were important to them. And Lady Thatcher was strong-minded and impressive.

It was exciting to give Elizabeth Dole this year's award. I think Elizabeth has proved herself to be one smart lady throughout her extraordinary career. She has held big and challenging positions—including two Cabinet posts and the presidency of the American Red Cross. Her accomplishments have been outstanding in every job she's tackled. Now, of course, she is exploring a run for the White House.

Warm, charming and very pretty, Elizabeth talked at the luncheon about the changes in the status of women in the past decades. She also mentioned in her speech her own reputation for being a perfectionist: "That is simply not true. In fact, tomorrow I'm issuing a major report detailing why I'm not a perfectionist," she joked.

No matter what happens or what party you support, don't you think it is great—and appropriate—that at the end of the century a woman can be a viable candidate for the highest office in the land?

By the way, in this issue you'll notice there are some new columns in the magazine, including "Real Solutions" introduced on page 126, "Balancing Act," page 76, "Know-How," page 108, as well as an expanded "Health News" on page 90. These new features are packed with information, and there's more to come next month. Let us know how you like them.

MYRNA BLYTH
Editor-in-Chief

SOUND BITES

from this issue

"We expect celebrities to be better than we are—prettier, more charming, slimmer. When they fall off their perches and gain weight, we turn on them."

—From "The Incredible Shrinking Stars," page 68

" '[Bob] told me he wanted to share his story,' says Elizabeth Dole. 'When I opened the magazine and saw [the ad for Viagra], I thought, Well, he certainly shared his story!' "

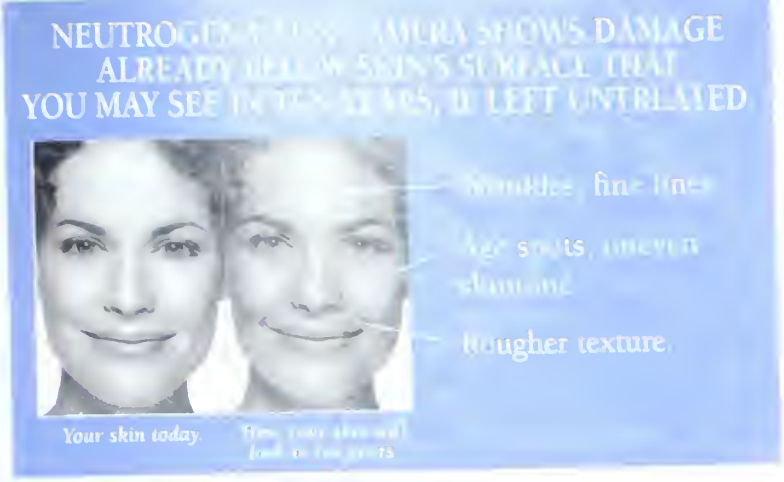
—From "Q&A," page 44

"Popular psychology has portrayed anger as the emotional equivalent of the steam in a pressure cooker: If it's not released, it keeps building until it explodes. But catharsis is useless. In fact, it actually makes people more, not less, aggressive."

—From "Mad About Everything," page 48

"'Why this sudden outpouring for geezers?' [Harrison Ford] asked.... 'I never feel sexy. I have a distant relationship with the mirror.' "

—From "Harrison Ford, Regular Guy," page 110



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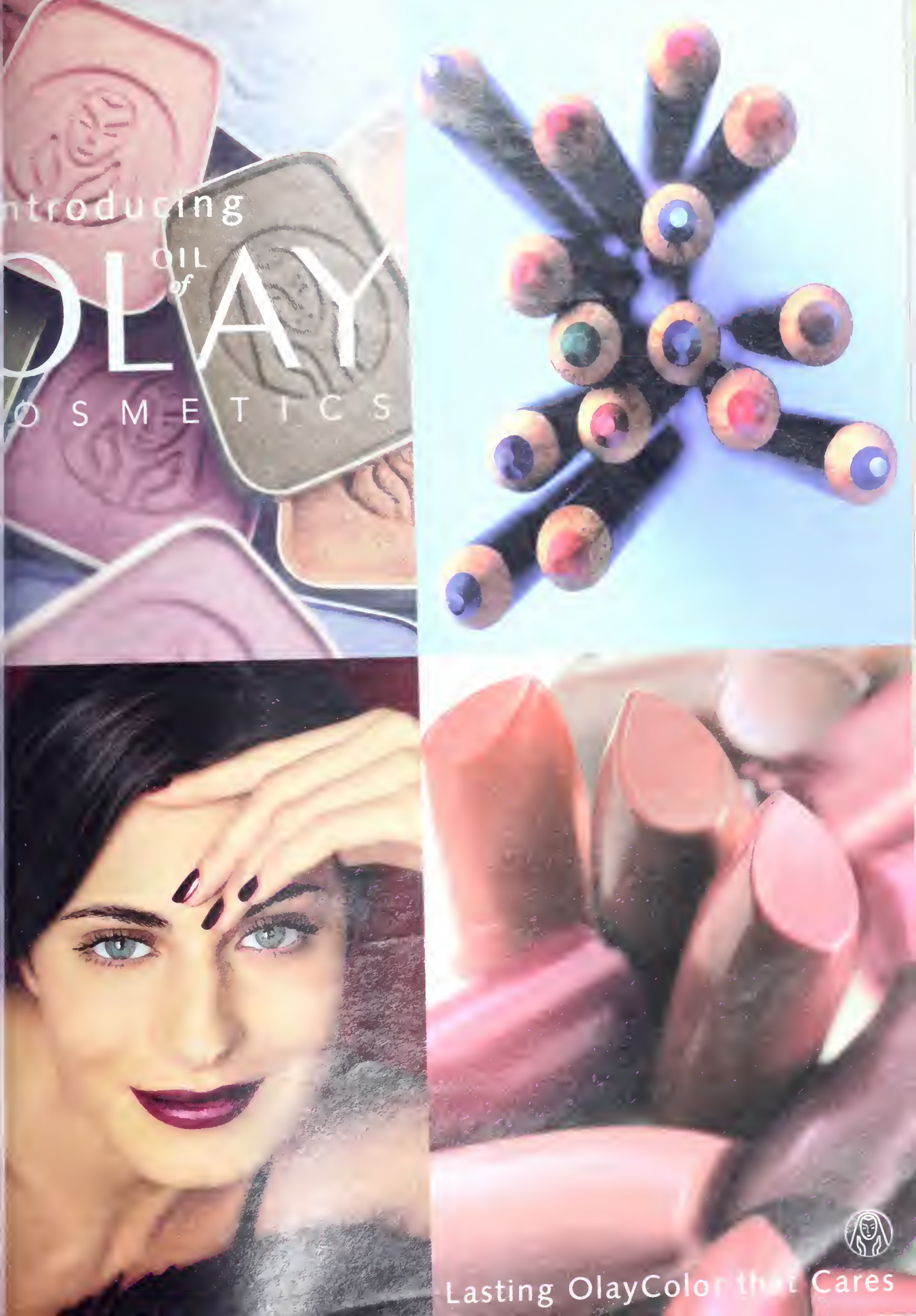
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contributors



LYDIA PRESTON

Occupation: health writer

Assignment: to spend a week at a summer camp for kids with serious, often disfiguring, skin conditions (see "Camp Happiness," page 78).

Observation: "It was heartening to visit a place where very ill children can have fun without feeling self-conscious."

STEVE WISBAUER

"I like my photographs to have a painterly quality," says New York shutterbug Wisbauer, whose work appears in "Watch This!" on page 32. "My attitude is that I'm illustrating a story, not just shooting it."





ALAN RICHARDSON

OCCUPATION: photographer

ASSIGNMENT: to capture on film the flavor of the region for "Tastes of the Mediterranean" (page 140).

HIS INSPIRATION: the six years he spent in Italy working on *The Four Seasons of Italian Cooking* (Time Life, 1998).

BEST PERK: "Sampling the wine."

MARY C. HICKEY



"So many women I know struggle to strike a balance between personal, family and work needs," says Hickey, an LHJ contributing editor and mother of two who has lots of juggling experience herself. Hickey writes the regular column "Balancing Act" (page 76), which targets the issues women with jobs and families often confront. What has she learned? "Many women, thankfully, *are* finding balance," she says.



MARTHA SCHINDLER

After running the Boston Marathon for the third time, Schindler was so sore she could barely walk down a flight of stairs. Then she used a massage oil made with the herb arnica, and the achiness cleared up soon after. "Certainly not all herbal cures are safe and effective," says the author of "Natural Remedies" (page 56), "but studies out now give me confidence in the ones I recommend."

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WHEN PAM'S SON WAS TERRIBLY INJURED, THE STRESS TOOK A HARSH AND UNEXPECTED TOLL ON HER THREE-YEAR MARRIAGE TO JEFF. BY MARGERY D. ROSEN

PAM'S TURN "It's impossible to describe the stress Jeff and I have been under since my son Matt, who's nineteen now, was severely hurt in a rugby accident a year ago," said Pam, forty-two, who quit her job as a recreational counselor in a senior citizens' center to care for her son. "Jeff is my second husband, and we'd only been married three years before this nightmare. I'm so afraid he's going to leave me, in spite of the fact that he's incredibly loving and patient.

"I met Jeff when I was working at a nursing home. It really was love at first sight. Jeff, who runs a contracting business, came to a seminar I gave on doing volunteer work. When he asked for my card, I prayed that he'd call for something other than professional reasons. And he did. He was so compassionate, and he listened to me in a way no one ever had.

"I had a terrible childhood. I have no recollection of my father, who left when I was a baby. Mother was a miserable, mean woman who often shipped me off to anyone who would take me in for a while. The only people who ever showed me any affection were a neighbor, Mrs. Raskin, and my sixth-grade teacher, Miss Arnold.

"I met my first husband, Matt's father, in my freshman year of college. Eric was the only man who had ever paid attention to me. Inexperienced and insecure as I was, I married him, hoping for the best.

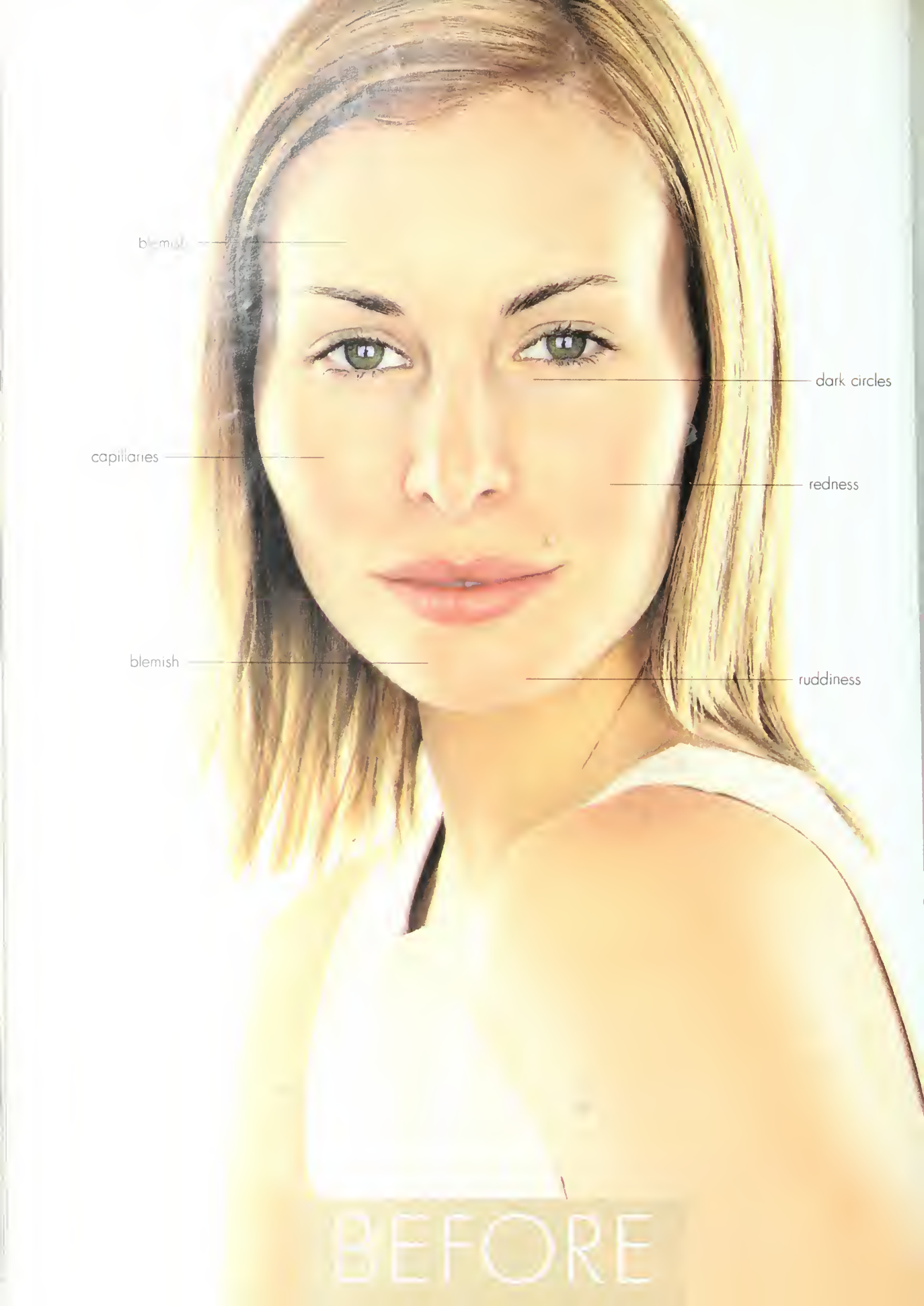
"They say you marry your parents, and in many ways, I did. Eric mistreated me for years, just as Mother had—and I took it because I didn't think I deserved any better. Eric didn't want me to go to college, so I dropped out and worked a series of dead-end jobs while I raised Matt. But I always managed to take at least one college course a semester, and after twelve years, I finally got my bachelor's in clinical psychology. Somehow, I had the good sense to see a therapist and, with her support, I found the courage to walk out. I had to leave Matt, who was in junior high, for six months until I'd saved enough to come get him. He hasn't seen his father since.

"Meeting Jeff was a miracle I never expected. Even in the beginning, I had to pinch myself to believe that his love for me was real. But ever since *(continued on page 22)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case, about a couple struggling with the aftermath of a child's accident, is based on interviews with clients and information from the files of Ellen D. Deckoff, L.C.S.W., a marriage counselor in Fairfield, Connecticut. The story told here is true, although names and other details have been changed to conceal identities.

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CAN THIS MARRIAGE BE SAVED?

Continued from page 18

the accident, I've been waiting to be screamed at or punished or for Jeff to abandon me. The other night, I spilled a carton of orange juice, and I half-expected Jeff to yell that I was a careless jerk, as Eric always had.

"Jeff and I had driven upstate to watch Matt play his first college rugby game, and we were on the sidelines when the accident occurred. He was hit hard on the front of his head; his brain slammed against the skull, causing swelling and damage. A few minutes later, Matt stumbled off the field and slumped against me, unconscious. It was the worst moment of my life.

"I moved into Matt's hospital room, and Jeff would go home Monday through Thursday to try to keep the business going. A huge portion of our expenses were not covered by insurance—medication alone cost over two thousand dollars a month and, since I'd had to stop working, we were in terrible shape.

"After four months, Matt was moved to a rehabilitation center, but they were so short-staffed that Jeff and I took over most of his therapy. He had to learn how to walk and talk, and how to feed himself. Even now, no one can give us a prognosis. He's made great strides, but there's a long road ahead. If you met him, you would think he's okay—extroverted and maybe a bit childlike—but his whole personality has changed. This is a common result of brain trauma. It often improves with time, but that doesn't seem to be true in Matt's case.

"Matt moved home two months ago, and Jeff and I now argue constantly. We couldn't pay the medical bills and the mortgage, so we had to sell our house and move into the basement of Jeff's parents' home. Now we have no privacy. Matt wants to be with us all the time, and this makes Jeff crazy. He thinks I baby Matt and insists I pull back. How am I supposed to do that? I never know what Matt is going to do. Recently, he brought a very seedy-looking guy home from the park, and we had to call the police. I'm terrified something will happen to him. He's also started smoking cigarettes, which could endanger his health even more.

"I'm so tense that I pick fights with Jeff over silly things. I don't know how he can stand me. Even before the accident, I'd get teary whenever Jeff left me alone, and he's been doing that more and more now. He makes his living as a general contractor, but his passion is music; he plays in a band at local bars at night, leaving me at home.

"It's funny—we've weathered the worst of the ordeal, but I'm convinced this is the beginning of the end. I don't deserve him."

JEFF'S TURN "I wish I had a nickel for every time I've told Pam I love her and always will," said Jeff, forty, in a soft voice. "The words don't sink in. I'm a patient man, but Pam needs constant reassurance, and these days, I feel like a well gone dry. We've been through something I wouldn't wish on my worst enemy, but we have to figure out a way to get our lives back.

"Even before the accident, there were hints of problems to come. Pam is so insecure that I couldn't leave her side without triggering a wave of doubt. I have to hold on to my own identity, but she never allows me to.

"Pam falls apart at the slightest things—that incident with the orange juice is a perfect example. I understand that her first husband traumatized her, but I thought eventually she would put that aside. I feel terrible that my love isn't enough. I also don't know what to do when she screams and yells. I can't fight with her. It's not my style and, besides, what good is it if b of us are screaming?

"When Matt was hurt, Pam remarkable. Now, though, he's m ing terrific progress, and Pam j won't let go. I can't convince her go for a walk in the evening or se movie with me. She's terrified leaving Matt alone. But her overp tectiveness is holding him ba What if, God forbid, somethi happens to us? Matt has to le how to function on his own.

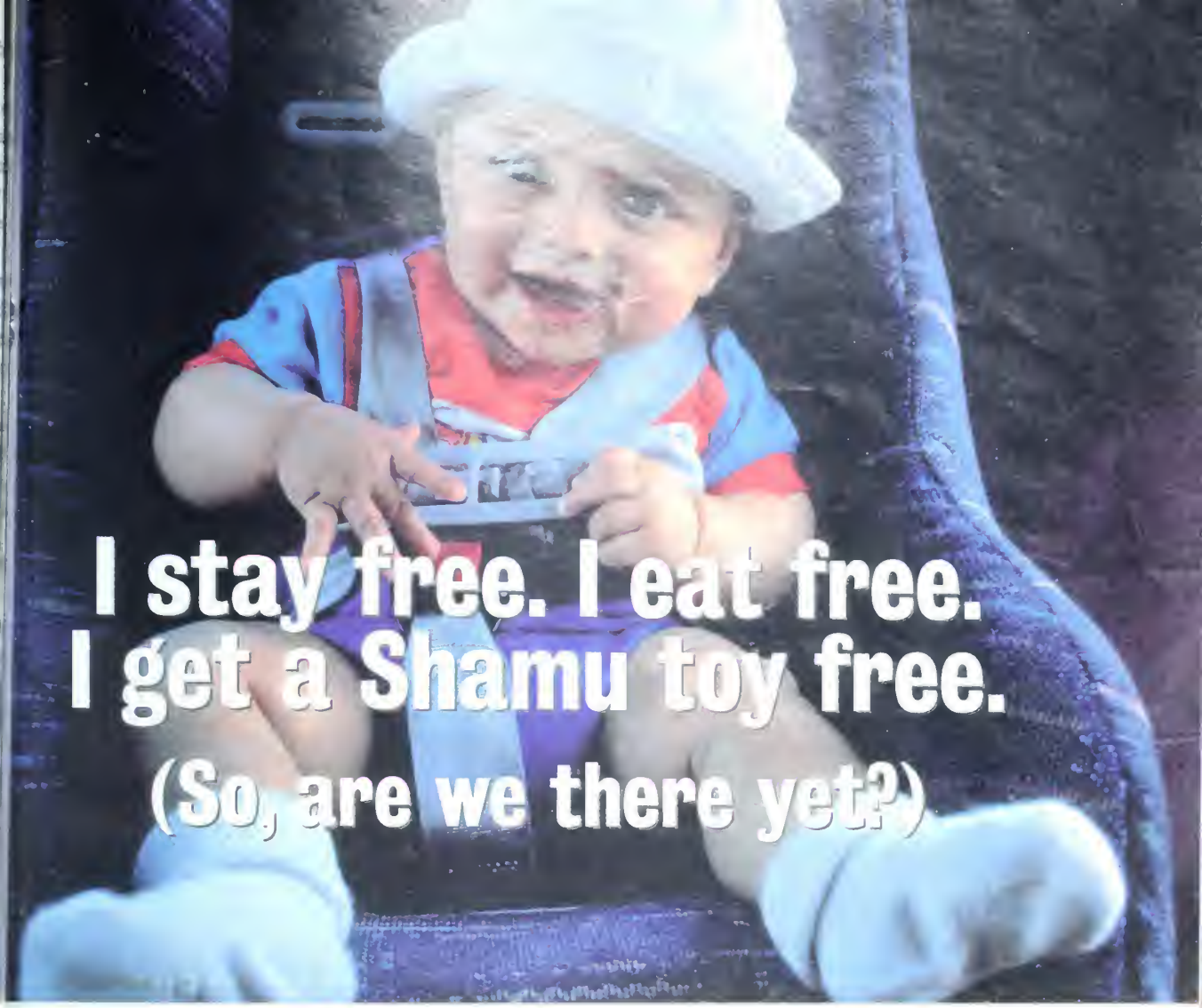
"My parents have been great, we have no privacy. We've har had sex since the accident. I l Pam and I want to be close, but gulf is getting larger every day.

"Nothing in life prepared me these last few years. My childho couldn't have been more norm and traditional. Dad worked for t electric company, Mom was homemaker, and I have a twin sis whom I'm still close to. I was sh but I had a lot of friends, did w

> "Matt is making progress," says Jeff, "but Pam just won't let go. What if something happens to us? Matt has to learn to function on his own"

in school and played in the band. graduated from college with a d gree in music, but that doesn't p the rent. So I started working i construction, and when the own retired, I bought the business. I m Pam, and after dating her for s months, I asked her to marry m Pam is loving and smart. I admire her enthusiasm, her drive and ene gy. We just clicked. And I've alway thought of Matt as my own so He's a super kid.

"But there are moments no when I feel I just can't make it on more day. The financial pressure i overwhelming; I know Pam has t spend hours with Matt on his physi cal rehabilitation, but someone sti has to pay the bills, buy the gro ceries, keep the house running. No to mention the fact that my parent are getting older, and *(continued*



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they need our help. I'm worn out.

"I've always been very religious. A priest once told me that whenever you feel your back is against the wall and you're ready to give up, God will get you through. That belief has helped—but let me tell you, it's not easy. I think we need more than faith right now."



THE COUNSELOR'S TURN

"When tragedy strikes, even the best marriages experience a profound shock," notes the counselor. "But Pam and Jeff were already on shaky ground. Married only three years, they lacked the coping skills as a couple that can sometimes cushion people through a crisis. They were struggling with how to meld their lives while holding on to a sense of self when the accident occurred. They had no idea whether Matt would be able to function normally. With this huge question mark hovering over them, they had to figure out how to have a normal life. It's not surprising their marriage eroded.

"Each of us has his own way of coping in a crisis. Both Pam and Jeff tend to withdraw. Pam went into overdrive, focusing on her son to the exclusion of all else. Jeff, exasperated by his wife's outbursts and her general neediness, pushed hard for Matt's independence.

"At the same time, they both vacillated in their approach with Matt, alternating between overprotectiveness and under-guidance. What's more, when a setback occurred, they blamed each other instead of focusing on solutions. My main goal was to help them put their own needs in focus.

"Pam's childhood had been a breeding ground for insecurity. Virtually abandoned by her mother, she raised herself. Though she finally tapped the courage to free herself from her abusive first marriage, she was woefully insecure.

"That insecurity surfaced during the emotional turmoil of the accident. Pam needed to learn how to redirect some of her attention and think about herself and her marriage. As I reassured her that she had done everything possible for Matt and that she should be proud of all he'd accomplished so far, a wall of resistance crumbled and she became more open to my suggestions.

"We discussed the links between Pam's feelings of unworthiness as a child and in her first marriage, and her fear that she couldn't hold on to Jeff's love. I pointed out that much of her lack of confidence was circular—her extreme anxiety about his leaving her was pushing him away. 'Has Jeff done anything to make you mistrust him?' I asked her. She couldn't think of anything, at which point I suggested that she was projecting experiences from her own past onto Jeff.

"I also reminded them that many of their problems were best tackl with a united front. They learned call a time-out if one of them f the conversation was veering towa criticism or blame, then regroup l er to discuss solutions calmly. pointed out that in some are their way of solving problems w actually making them worse. 'B becoming over-involved in Matt life, you're making it easier for hi not to be self-sufficient,' I tol them. 'Let him try things. Yo must trust him more.'

"Pam and Jeff discussed how th could pull back. They agreed, f example, that pressuring Matt abou smoking was getting them nowher Pam acknowledged that the onl thing she could do realistically wa to give him information and hop he makes wise choices.

"They have also resolved to fin time for themselves. The first ste was to tell Matt they would spen three evenings each week wit him; on other nights, they woul make plans fo themselves. The don't talk abou their son durin their evening alone, but rathe simply enjoy be ing together.

> "Pam and Jeff resolved to find time for themselves, evenings together when they would not talk about Matt"

"Over the next few months, as Pam enjoyed good times with her husband, she was able to curb her jealous feelings and her groundless fears that Jeff would get angry at her over small, inconsequential things. As counseling wound down, Jeff and Pam announced plans to move to the Midwest. 'We've researched an area that has a good medical and rehabilitative center. The cost of living is much lower—we're both excited about the change.' Jeff is confident that he can establish his contracting business in their new town; meanwhile, Pam has already found work in recreation therapy at the local hospital. And Matt has plans to enroll in a college math course. 'We think he can do it,' Pam said, 'but most important, he wants to try.'" ●



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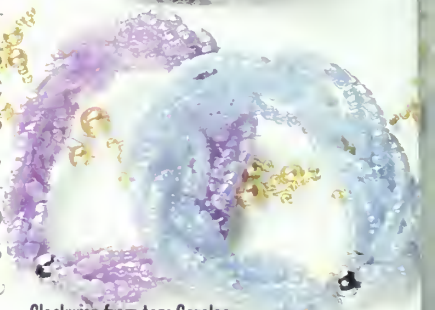


LIGHT BRIGHT

THE NEWEST FOUNDATIONS not only even out skin tone and cover imperfections but promise to reduce the visibility of wrinkles, too. The formulas are filled with particles that deflect light off your face, blurring the edges of lines. These light-reflective foundations are especially good for dry skin since wrinkles tend to be more prominent, but oily skin benefits as well, because these bases dry to a matte finish. In general, *diffusing*, *light adaptive* or *prism effect* are a few of the words to look for on the label. Try: Estée Lauder Lucidity Light-Diffusing Makeup, Elizabeth Arden Smartwear, Lancôme Age Minimizing Makeup and Clinique SuperFit Makeup.

hue new

POWDER BLUE, PISTACHIO, LAVENDER AND GRAY—PEARLS ARE SHOWING UP IN ALL SHADES SOFT AND SHIMMERY THIS SEASON. THE CLASSIC SINGLE-STRAND STYLE IS GETTING A TRENDY TWIST, TOO: LOOK FOR TRIPLE-BRAIDED CHOKERS AND ACCORDION BRACELETS



Clockwise from top: Carolee, Stephan & Co. and Agatha (2)

Sniff and tell

There are almost as many fragrances for your ma as for you. We road-tested three of the newest



the scent: *Chanel Allure Pour Homme*
the smell: *Bergamot (think lemon), sandalwood and a touch of patchouli*
the verdict: *"This is sexy," says Mary, 35. "Warm and mysterious."*



the scent: *Tommy Freedom*
the smell: *Cool citrus (lemon and grapefruit), spicy cinnamon and earthy moss*
the verdict: *"So clean-smelling," says Jen, 28. "Like a man who just stepped out of the shower."*

the scent: *Givenchy Pi*
the smell: *A dose of herbs—rosemary and tarragon—with vanilla and warm balsam wood*
the verdict: *"It's a soft, subtly sensual scent," says Jean, 27.*

HAVING A FIT

Are you among the 70 percent of American women wearing the wrong size bra? Here's a quick way to find out the next time you set out on the search for the perfect bra: Try the new Jockey Bra Sizer, a tool with two colored tape measures that help determine your exact size. To receive your free Bra Sizer, visit Jockey's Web site at www.jockey.com



1 The white tape measures your bust at its fullest point, the apex.

2 The blue tape corresponds to your band size.

3 Align the apex and band measurements on the Sizer's dial to learn your cup size.



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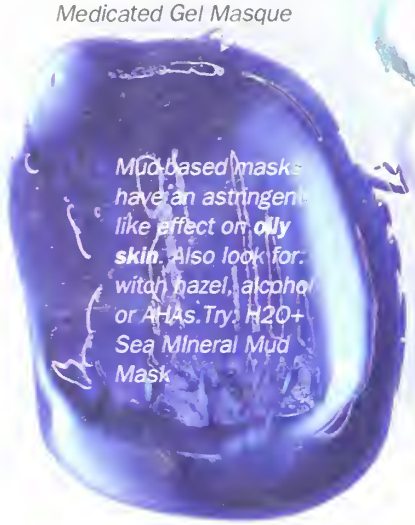
THE MASK

IT'S A GREAT WAY TO CLEAN UP YOUR ACT: HERE, MIAMI DERMATOLOGIST FREDRIC BRANDT HELPS YOU CHOOSE THE RIGHT ONE FOR YOUR FACE

Tired, stressed skin *benefits from granule-filled scrub formulas used as cleansers or left on as masks. Try: Mary Kay Masking Cleanser*

Salicylic acid, zinc and bentonite are the ingredients to look for if your skin is ***breakout-prone****. Try: Freeman Medicated Gel Masque*

Hydrators like almond oil and honey help ***dry skin*** *retain water. Try: Repechage Hydro-Moisture Masque*



Mud-based masks have an astringent-like effect on ***oily skin****. Also look for: witch hazel, alcohol or AHAs. Try: H2O+ Sea Mineral Mud Mask*

New heating action helps open pores for deeper cleansing of ***any skin type****. Try: Philosophy the Great Awakening*

custom cuts

If your hair is ready for the layered look, check out these pro tips before you snip



Natasha Richardson

To slim a **round** face, c tapered layers around th hairline to create movement around the face, says Giovanni Giuntoli of New York City Miano/Viel Salon & Spa. Keep back layers cut no longer than chin length.



Halle Berry

To balance a **long** face, add a soft bang swept to one side, like Halle Berry's, or crop hair in more choppy layers that hit just above the jaw.

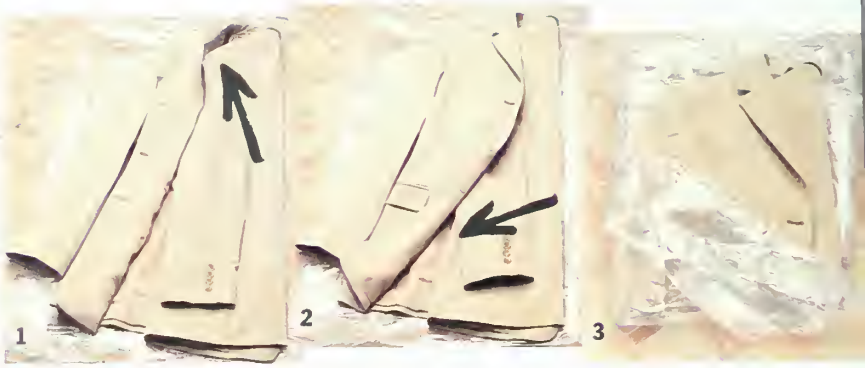


Gillian Anderson

Soften a strong, **square** face by wearing layers wavy or tousled instead of flat and smooth, suggests Giuntoli. Make sure the layers hit just at the point of your face that's most prominent.

GET PACKING!

WE'VE ALL HAD IT HAPPEN—POPPING OPEN YOUR SUITCASE ONLY TO DISCOVER IT'S FULL OF WRINKLED CLOTHES. NEXT TIME YOU'RE TRAVELING, KEEP YOUR CLOTHING CREASE-FREE WITH THESE EXPERT FOLDING TRICKS



FOR A JACKET: Lay jacket, facing you, on a piece of dry-cleaning plastic. Tuck the right shoulder inside the left (photo 1) so it is under the left-side flap (photo 2). Fold the jacket in half (photo 3); place another layer of plastic on top. The plastic prevents the jacket from shifting and creasing.

FOR PANTS: Fold pants, legs together, at the crease. Place pants in the suitcase with the waistband flush against one side and the legs draped over the other side. Repeat for each pair of pants, alternating the side of the suitcase that you place the waistband (photo 4). Place other clothes on top of pants; then fold the legs back over top of clothes (photo 5). This will keep pants pressed and prevent new fold lines. Lay the wrapped jacket on top and you're ready to go (photo 6).





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THE STATUS SEEKER The gold-on-gold band and coin-edge bezel make this a Rolex ringer; the Indiglo night-light adds a touch of practicality. Timex, $50.

THE SMART ONE With Microsoft-compatible software, you can download data from your computer to this watch simply by holding it in front of the monitor. Timex Ironman Triathalon Watch with Data Link System, $68.

THE LIGHTWEIGHT A skinny sixteenth of an inch thick, this watch won't weigh you down. Swatch Skin Jelly watch, $70.

THE DRESSY NUMBER Bracelet lovers, look no further—this chic silver-link style blends with the rest of your wristwear. Anne Klein, $65, at Tourneau.

THE FUTURISTIC FACE Seconds count up digitally behind the hands and the rose-colored glass. Fossil, $65.

HIDDEN IDENTITY Bangle bracelet or trendy timepiece? Flip up the cool yellow gem to find out. Peugeot, $100.

THE JOCK CLOCK The easy-read hands and hour markers plus a scratch-resistant crystal make this a good choice for the on-the-go athlete. Swiss Army, $95.

MODERN METAL Its matte metallic finish and clean face make this a great go-with-everything update. Plus, the link bracelet has closing clasps that adjust to fit *sans* tools. Guess, $70.

THE CLASSIC TANK With all the traditional features—faux snakeskin strap, Roman numerals, small face—this style is still a classic. Citizen, $95.

RED ALERT With its brilliant ruby patent-leather strap and matte silver bezel, this watch is long on style. Nine West, $49.

HOLLYWOOD SQUARE Chunky and funky and worn by stars like Rosie O'Donnell, Calista Flockhart and Jodie Foster, this shock- and water-resistant piece has multiple timers and an Indiglo night-light. Timex Humvee watch, $65.



ILDREN: don't talk to strangers.

PARENTS: don't become strangers.



JAWS!

When I was seven months pregnant, I was attacked by a shark—but my baby and I both lived to tell the tale. By Dawn Schauman, as told to Shana Aborn

PLENTY OF MOTHERS have horror stories about their first pregnancies—nonstop morning sickness, babies born in cars on the way to the hospital. But mine tops them all. How many women can boast that they carried a baby to term while recovering from a shark attack?

As a lifeguard working near my home in Melbourne Beach, Florida, I knew that sharks were an occasional hazard. In training classes, I learned to keep an eye out for fins in the ocean and get swimmers out quickly at the first sign of danger. But I'd never seen anyone badly hurt by a shark.

Surf and sand had been a part of my life since 1987, when I was twenty and became a full-time lifeguard. I've always loved being in the outdoors and working out, and patrolling the beach allowed me to do both. I especially enjoyed lifeguard competitions, which consist of a number of swimming, sprinting and running events. I won the national championship twice in a sprint in which I had to retrieve a series of flags.

When our victims needed medical attention, we called the Indian River Shores public safety department, which handles police, fire and rescue calls. One of the emergency medical technicians at Indian River was Bill Schauman, who often surfed at our beach on his days off. When I was assigned to teach a lifesaving class to his department, Bill and I started talking, and things just took off. We were married—by the beach, naturally—in 1992.

We both wanted to start a family together as soon as possible (Bill has two older children from a first marriage), and I was delighted when, right around our first anniversary, I learned I was pregnant. I was put on light duty, at low-traffic beaches where I wouldn't have to do a lot of intensive rescue work.

On the Florida coast, fall can be a dangerous season—that's when the mullet migrate up the ocean in schools so thick that they look like a huge black underwater cloud. They're known as "bait fish" for good reason—sharks and tarpons love them. You can see the sharks' fins and the tarpons' white scales as they glide quietly toward their prey.

One day, in October 1993, as we were getting ready to go to work, Bill told me, "Don't go swimming—the bait fish are out." I didn't take him very seriously. He's a worrier, always warning me about one thing or another. And there was no way I was going to stay out of the water for a month and a half until the mullet had moved on. I *(continued)*

AFTER THE ATTACK





TOP: Dawn and her son Macintyre today. LEFT: Dawn's lifeguard training helped her stay calm and swim to safety. LOWER LEFT: In the hospital, she managed to keep a smile on her face—despite three layers of stitches in her leg



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Dawn and Bill (with Casey, Mac and baby Keegan) love taking the kids to aquariums and retelling Mommy's amazing story



FIRST PERSON

Continued

was six and a half months pregnant, and swimming kept me in shape and the water felt good on my heavy belly. So I just said, "Yeah, yeah."

It was a little before ten A.M. when I reached the lifeguard stand, and the beach was practically deserted. I didn't see any sign of danger, so I told Chris, the other guard on duty, "I'm going swimming. Whistle if you see any bait fish." I hung my whistle around my neck and grabbed my flotation buoy; every lifeguard is required to have her equipment on hand while on duty.

I went about seventy-five yards from shore, then began doing the crawl. It was so relaxing and peaceful that I wasn't aware of anything but the water.

Then *wham*! Without warning, something heavy slammed into me, plowing into my left side and spinning me completely around. It was like running into a cement wall. Stunned and sputtering, I tried to get my bearings as I treaded water. It took a few seconds before I became aware of an awful burning in my arm and leg and a sensation of pressure on my stomach and back. I knew immediately what had happened: *shark*!

Pulling my left hand out of the water, I could see blood dripping down to my elbow. But I was more concerned about the baby, so I rolled on my right side and checked my stomach. It looked okay, thank God. Then I lifted my aching leg out as far as I could and saw that my thigh had been laid open, red flesh hanging like raw meat.

Now I started to panic. I couldn't see the shark, but I knew that all the blood might entice it to come back for another taste. I took my whistle and blew three quick blasts, then raised my arms over my head—the signal for "call 911." But Chris didn't hear me.

So there I was, in water up to my chest, a pool of blood spreading rapidly around me. The only other people on shore were an elderly couple who didn't see me.

Without warning, something heavy slammed into me. I felt an awful burning in my arm and leg, and I knew immediately what had happened: **shark**

Suddenly, my whole body flooded with panic, and I began hyperventilating. *Calm down*, I told myself. *Do what you were trained to do.* Trying to breathe normally, I started swimming to shore, using my good arm and leg.

As I got closer to the beach, a three-foot wave submerged me. It must have been only a couple of seconds before I fought my way back to the surface, but it felt like an eternity. Then, just as I started swimming again, another wave pushed me under. Ordinarily, I would relax and ride the waves rather than trying to fight them, but I was desperate to get out.

Once I hit the beach, I managed a kind of limping gallop toward the lifeguard stand, blowing my whistle as I went. The adrenaline pumping through my body was keeping me from feeling too much pain. It wasn't until I was almost to the tower that Chris finally noticed me as did the older couple. "Call nine-one-one! I've been attacked by a shark!" I yelled.

I was so wired that I paced around for a moment before Chris and the older man got me to sit down. Chris phoned for an ambulance, but I knew the county medical team would take too long to arrive. "Call Bill," I said. This wasn't his zone, but he worked just ten minutes down the road. When Chris called him, it took Bill a minute to realize he wasn't joking.

Bill arrived with the police within minutes, and I could finally relax. I knew he'd make everything all right. Even so, the worried look on his face told me all I needed to know. He helped finish the bandaging, and the rescue team lifted me into the ambulance, which had arrived by then.

The emergency-room doctor examined me, and the hospital obstetrician checked to make sure the baby was all right. While I was waiting for the surgeon, doctors, nurses and other personnel kept coming by to see the shark-bite victim. For about an hour, I was the hospital's star attraction. A medic even took an instant picture of me for the record.

Finally, the surgical team arrived and started to work on my leg. "Don't give me anything that will hurt the baby," I warned. So all I had was a local anesthetic as the jagged edges of the wound were cut away. It took three layers of stitches to close the muscles and skin of my thigh. My hand was so *(continued)*

midlife as nature intended



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AZO, the number one name in symptom relief, now has the advanced line of products to help you feel relief and healthy.

swollen that my wedding rings had to be cut off. I could feel the baby kicking away all the while. The obstetrician checked me again and said that the movement was from all the excitement. I didn't lose enough blood to require a transfusion, so I was sent home that night with mild painkillers.

The next day, my arm and leg were still sore, and oddly, so was my back. Bill massaged me as I moaned, "It hurts, it hurts"—then the pain abruptly went away. "What do you mean, it's gone?" Bill said, startled. "That's a contraction!" The shark attack had put me into premature labor, and I didn't even realize it.

We rushed to the hospital, where my obstetrician put me on a fetal monitor. Giving birth this soon would be too dangerous for the baby, whose lungs weren't fully developed, so I was given a prescription for a muscle relaxant and told to go on complete bed rest at home.

Two weeks later, it was clear that the drug had stopped working; the contractions were coming closer and closer together. I had to be admitted to the hospital again—just before Thanksgiving. On top of that, I was running a fever, possibly from bacteria in the shark bite. The doctors consulted a specialist that evening, and I was airlifted to a hospital in West Palm Beach that was equipped to handle high-risk pregnancies.

My family was great throughout all this. They called me and brought food when I had cravings, and Bill slept in a cot in my room on his days off. We celebrated Bill's fortieth birthday in my hospital room, but the guests had to leave early because all the excitement was bringing on contractions. My one comfort was being able to hear my baby's steady heartbeat on the monitor. I wouldn't let the nurses turn the volume down.

Finally, after more than two weeks, the doctors were able to send me home with a medication pump and a fetal monitor. (My shark-bite stitches were out by this time.) Thre a week, I went to a therapist helped me regain strengtl in injured fingers.

I was in and out of the os four times—once on Christma to control my contractions b my water finally broke at x on January 14, 1994. Our on delivered naturally later tha ing. I was amazed to see hi ing up at me and cooin struggle was finally over.

Bill and I had agreed on a name for a boy early on, bu we were holding our baby n hospital, I suggested to Bill a give him a middle name tha commemorate his unique sto son's legal name is Ma William Shark Schauman.

Mac is five now. He's sweet-natured child, patient an erous with his sister, Casey and brother Keegan, who's one. I'm retired from lifeguar parenting is challenging enoug

Shark experts think I was by a shark about eight to te long. Sandbar sharks and bull both frequent Florida water there's no way to tell which attacked me. The shark ma been attracted by the yellow b cap I was wearing.

Apart from Macintyre, the on venirs I have of that day are the some weakness in my left hand a great story to tell. My tale is fe in a series called *Savage Seas* duced by Thirteen/WNET, whi air on PBS on July 11 and 12 four-part special also covers oth tery hazards, such as ice floes, c ous surf and ocean storms.

People ask me if I'm scar watch the movie *Jaws* now, ar not. We take our family to the and to the shark tank at Sea all the time. I don't want my ch to be terrified of the ocean, wh so much a part of our home. have to admit, the first time I swimming after the attack, I st on a fish that wiggled under my You should have seen me rock of the water! ●

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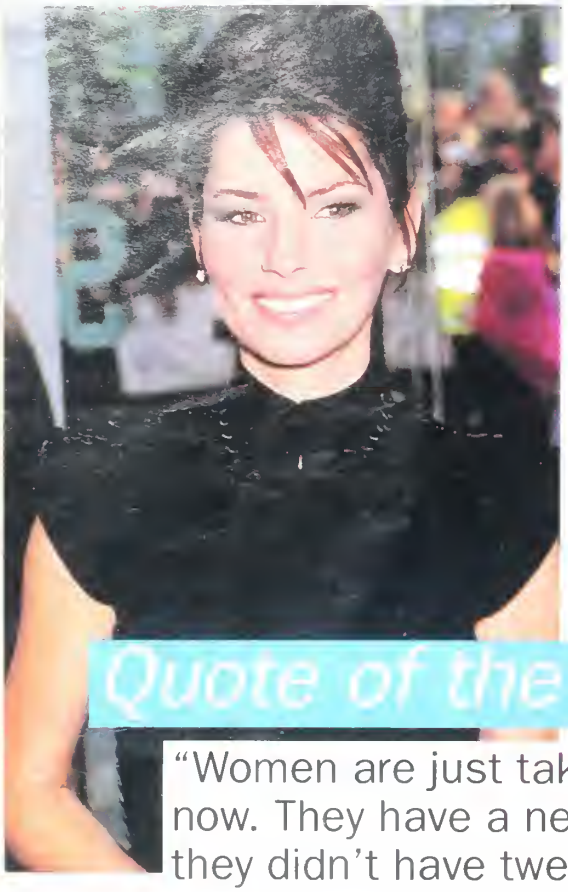
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newsline report

CNN, The World's News Leader, and *Ladies' Home Journal* present up-to-the-minute facts and findings about the world today



DON'T HAVE A STROKE

Taking vitamin E supplements every day could help reduce your stroke risk by 53 percent, according to a recent study. "People are reaping protective benefits from vitamin E simply by taking a multivitamin," says Richard Benson, M.D., a neurologist at the Columbia Presbyterian Medical Center, in New York City. The study examined 850 adults, including 350 who had suffered a stroke. Forty-six percent took vitamin supplements. Those who had never had a stroke were twice as likely as the stroke victims to use supplements.

Most people do not get the recommended daily allowance of vitamin E from their diets and require supplements. However, too much of the vitamin can cause nausea, diarrhea and flatulence, so researchers suggest that people take a multivitamin. To further reduce stroke risk, stop smoking, limit alcohol intake, lower cholesterol and saturated fat intake and increase physical activity.

—Dr. Steve Salvatore, *Your Health*

Quote of the Month

"Women are just taken more seriously now. They have a new confidence that they didn't have twenty-five years ago."

—Shania Twain on *Showbiz Today*

ALLERGY RELIEF

There may be new help for the forty million Americans who suffer from allergies. Two drug companies have come up with an experimental shot, called anti-IgE, which blocks IgE, an antibody that triggers allergic reactions. During the two-month-long study, 251 allergy sufferers who received the shot felt sick enough to take half an antihistamine pill only one out of every four days, while people who received a placebo had to take an average of one and a third pills on one out of two days. Very few side effects were reported. Unlike allergy shots, which take a minimum of six months to be effective, anti-IgE works in just ten days. If anti-IgE is approved by the FDA, it should be available in two years.



—Elizabeth Cohen, *Your Health*

Before You Sign...

When someone asks you to co-sign a loan, be careful of the risks involved. "Vouching for a friend or relative suggests that you are being asked to be a credit reference; in reality, you are taking on the responsibility to repay the debt," says Sandra Wilmore, staff attorney at the Federal Trade Commission. That means if the primary applicant cannot pay, you must cover the entire unpaid balance. Also, in most states, the lender can sue co-signers first because they have more liquid assets. The loan may also show up on your credit report and potentially limit your ability to borrow.

To protect yourself, make sure you can afford to cover the loan, in case the borrower reneges, before you co-sign. Also, carefully read and research all loan terms.

—Valerie Morris, *Your Money*

Watch CNN's *Your Health* for the week's top medical news (Saturday, 2:30 P.M., and Sunday, 3 P.M., E.T.) and *Your Money* for personal finance (Saturday, 4:30 P.M., E.T.).



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Pedal to the Metal Pete is partial to Vanilla Pudding. So who's driving? Doesn't matter. Just stick with real food, real portable Handi-Snacks, and you'll have more than enough varieties to make every pit stop a winner. Reason enough to say, behind every Handi-Snacks kid is a mom who knows what's good for 'em.

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ONE **SMART** LADY

Elizabeth Dole, exploring a run for the presidency, is considered the first viable female presidential candidate in American history

By Myrna Blyth, LHJ Editor-in-Chief



LHJ: **Do you think a woman President would be different than a man?**

Dole: I don't draw distinctions. I think the important things are: Do you have the experience, the wisdom, the passion that you want to do this and make a difference?

LHJ: **But politics today is so rough. Do you think you can take it?**

Dole: Oh, yes, I do. As I look back, I realize I've taken on some darn tough assignments all through my career. So I'm used to stepping up to bat.

LHJ: **What would your top goals be as President?**

Dole: Certainly to restore public education. Also to lead a crusade with the vision of ridding this country of drugs. We know that many crimes are drug-related, and if we're talking about being tough on crime, this is an integral part.

LHJ: **Would you accept the vice-presidential nomination?**

Dole: To undertake the arduous process that I'm involved in now, you do it to win. You do not do it to become Vice President.

LHJ: **Americans want a strong President, yet they don't find extremely strong women appealing. How will you deal with that?**

Dole: I was one of twenty-four women in a Harvard Law School class of 550, and the first day I was there a man said to me, "What are you doing here? You're taking the place of a man who would use his legal education." It was tough going through those days. Later, in my career, I might look around the room and see thirty-three men and me. But you do your job and you don't let that affect you. Toughness is simply doing it. And you can do it with a smile; you can be gracious about it.

LHJ: **Do you think former Senator Dole would be a good First Gentleman?**

Dole: Oh, yes. He'd have a lot of fun in the process. But I haven't quite decide[d] [if] that is the right phrase. What do your readers think would be the right title?*

LHJ: **Does he give you advice?**

Dole: Any husband and wife who really respect each other talk over issues. The problem is he has such an active career himself at the moment. And both of us feel I need to establish myself solo right now.

LHJ: **Your husband has become so well known because of his advertisement for Viagra. Did you support his going public about this?**

Dole: He's a very private person, and for him to do this I'm sure was not easy. But when Bob had prostate cancer, he felt a very strong sense of "I must share the fact that men must get that PSA [prostate-specific antigen] test." So the next thing I knew, at the Republican National Convention there was a booth for men to get their PSA test. Then, when he was in the protocol for Viagra, he just felt this could make a difference in the quality of life for a lot of men, and it ought to be shared.

LHJ: **Did the Viagra ad embarrass you?**

Dole: It didn't embarrass me. It made me proud.

LHJ: **Did he tell you in advance?**

Dole: He told me he wanted to share his story. I knew he was going to do it. When I opened the magazine and *(continued)*

"I've taken on some darn tough assignments all through my career," Dole says. "I'm used to stepping up to bat"



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SUMMARY
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CONTRAINDICATIONS
PRECAUTIONS Activities Requiring Mental Alertness:
Drug-Drug Interactions:
Impairment of Fertility
Pregnancy Category B:
Nursing Mothers:
Pediatric Use
ADVERSE REACTIONS
Table 1 Adverse Experiences Reported in Patients Aged 12 Years and Older in Placebo-Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence) ZYRTEC (N=2034) Placebo (N=1612) respectively:
Table 2 Adverse Experiences Reported in Pediatric Patients Aged 6 to 11 Years in Placebo-Controlled United States ZYRTEC Trials (5 or 10 mg Dose) Which Occurred at a Frequency of ≥2% in Either the 5-mg or the 10-mg ZYRTEC Group, and More Frequently Than in the Placebo Group. ZYRTEC 5 mg (N=161), 10 mg (N=215) vs placebo (N=309):
Autonomic Nervous System
Cardiovascular
Central and Peripheral Nervous Systems:
Gastrointestinal
Genitourinary:
Hearing and Vestibular
Metabolic/Nutritional:
Musculoskeletal
Psychiatric:
Respiratory System
Reproductive
Reticuloendothelial
Skin:
Special Senses:
Vision
Body as a Whole
DRUG ABUSE AND DEPENDENCE
OVERDOSAGE
4573-00-3 Revised May 1998
9 Pfizer Inc
Pediatric Health U.S. Pharmaceuticals
Marketed by UCB Pharma

saw it, I thought, Well, he certainly shared his story!

LHJ: **People keep saying you're a perfectionist. Do you plead guilty?**

Dole: I was raised by parents who said if it's worth doing, it's worth doing well. But there's also a point of diminishing returns. I've learned to temper my desire to do things right. My husband has been a help in that.

LHJ: **Everybody knows about your career achievements but very little about your personal tastes. What's your favorite movie?**

Dole: *Chariots of Fire*. I thought that was a powerful film. And for humor, *City Slickers*. Billy Crystal was hysterical.

LHJ: **And your favorite book?**

Dole: Doris Kearns Goodwin's biography of Franklin and Eleanor Roosevelt, *No Ordinary Time*, was just spectacular. And I love Tom Brokaw's book, *The Greatest Generation*.

LHJ: **How do you exercise?**

Dole: When I can, on a treadmill, watching old movies.

LHJ: **What snack can't you resist?**

Dole: Anything sweet!

LHJ: **What would surprise people about you?**

Dole: Well, maybe it would be that I'm not so much a workaholic and that I really enjoy a lot of fun things.



Elizabeth Dole shares a laugh with LHJ Editor-in-Chief Myrna Blyth

They don't know I'm a good intermediate skier. I don't have to be an expert skier. I just want to have fun with it.

LHJ: **Will you get another dog? [The Doles' dog, Leader, died earlier this year.]**

Dole: We really love animals. We may get another dog, but we're having work done on the apartment. [The Doles recently purchased the apartment Monica Lewinsky's mother was renting at the Watergate and are joining it with their own two-bedroom apartment.] So life is busy enough right now without having to train a puppy.

LHJ: **Do you cook?**

Dole: I have the soul of a short-order cook. I like things you can do in less than thirty minutes.

LHJ: **What do you wish you had time to do?**

Dole: There's a movie somebody gave Bob. It's *Beethoven*, about the Saint Bernard. One of these days we'll get around to watching it. ●

*** If you'd like to vote on the right title for the spouse of a female President, check out LHJ's Web site home page at www.lhj.com**



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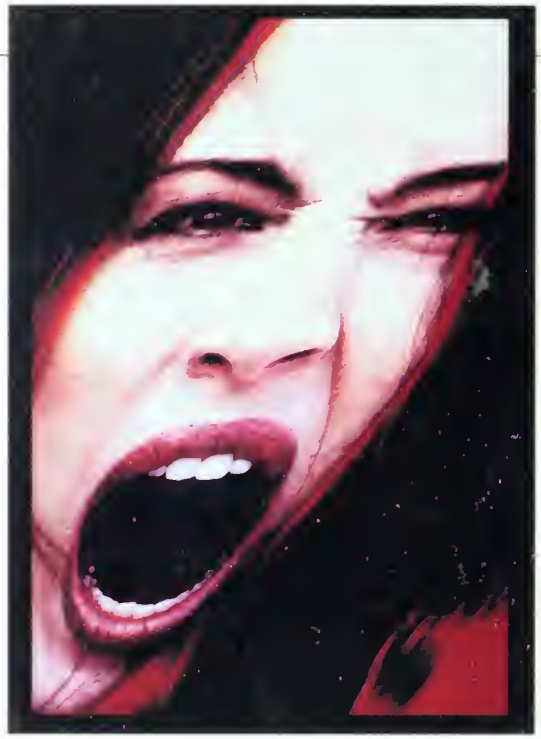
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MAD About Everything

It's easy to get ticked off in today's stressed-out world. But are you better off unleashing your fury, or keeping it bottled up? By Dianne Hales

A friend of mine had been trying to hail a cab in the rain for fifteen miserable minutes. When one finally stopped, a man tried to dart inside. "I went ballistic," she recalls. Swearing at the top of her lungs, she began swatting at him with her umbrella. "When I got in, I saw the look on the driver's face. He thought I was a lunatic! I had completely, utterly lost it."

Sooner or later, every woman gets mad as hell. Some of us rant and rave; others adopt a subarctic chill that lasts for weeks or, worse, we pretend there's nothing wrong at all. "Anger is very confusing and scary for women because we've always been told it's not ladylike, attractive or acceptable," says Sandra Thomas, Ph.D., R.N., a professor of nursing at the University of Tennessee College of Nursing, in Knoxville, who began studying female anger almost a decade ago. Back then, assumptions about female anger were based on studies of troubled women who'd sought psychotherapy. "There was virtually no research on normal, healthy women and anger." Finally, science is filling in the gap.



THE ANATOMY OF ANGER

Anger trumpets the body into a state of war. The adrenal glands release cortisol (hydrocortisone), epinephrine (adrenaline) and other stress hormones. The heart rate speeds up and blood pressure rises. Breathing becomes short and shallow; muscles tense; the brain becomes hyperalert. The heart pumps more blood to the legs and arms, while the digestive and immune systems practically shut down.

"Anger produces the classic stress response that puts us in fight-or-flight mode," explains Redford Williams, M.D., a professor of psychiatry at Duke University Medical Center, in Durham, North Carolina, and co-author of *Anger Kills* (Harper Mass Market Paperbacks, 1998).

This physiological equivalent of combat-readiness can wreak havoc on our health. While the effects of neurotransmitters, the messenger chemicals within the brain, disappear within seconds, the stress hormones linger in the bloodstream. When chronically elevated, they contribute to the formation of arteriosclerotic plaque in the coronary arteries, increase the potential for blood clotting, suppress immune function—and multiply the risk of stroke and heart attack.

LET IT OUT OR LOCK IT IN?

In a ten-year study of two hundred women, University of Pittsburgh researchers analyzed personality tests of women in their forties and compared them with the thickness of their neck (carotid) arteries after menopause. (Thicker arteries are a marker for arteriosclerosis, which increases the risk of heart attacks and strokes.) Sure enough, hostile women who bottled up their anger had thicker arteries.

However, venting anger seems no less hazardous. In another study, Edward Suarez, Ph.D., an assistant professor of psychology at Duke University Medical Center, found a solid link between uncontrolled hostility and blood cholesterol in seventy-seven women between the ages of eighteen and twenty-six. The women with what he calls "Jerry Springer–type anger," who tend to scream and throw things, had higher cholesterol than those who prefer having an air-clearing discussion.

Nonetheless, popular psychology has portrayed ***(continued)***



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(continued) anger as the emotional equivalent of the steam in a pressure cooker: If it's not released, it keeps building until it explodes. "This notion has been used to justify venting," says Brad Bushman, Ph.D., a psychology professor at Iowa State University, in Ames. "But catharsis is useless. In fact, it actually makes people more, not less, aggressive."

In his experiments, volunteers who'd been provoked into anger either did nothing to release their rage or pounded a punching bag. The steamed-up sluggers became twice as aggressive. "Punching a bag or pillow to reduce anger is like using gasoline to put out a fire—it feeds the flames," says Bushman. "Letting anger out teaches people to respond to frustrating situations not by dealing with the underlying cause, but by hitting, kicking and screaming."

"Fortunately, there are many ways to deal with anger," says Bushman. "The best option is to find a way to reduce the heat."

"Punching a bag or a pillow to reduce anger is like using gasoline to put out a fire—it feeds the flames"

THE ANGER MYTH

Anger has always had a hard-muscled reputation as a macho emotion. But that's not quite the case.

"The gender stereotype that males express more anger than females is largely inaccurate," contends Leslie Brody, Ph.D., author of *Gender Emotion and the Family* (Harvard University Press, 1999). While men may more often display anger as aggression, she says, women express anger just as often verbally—and, in their most intimate relationships, can actually be more quarrelsome, critical, and sometimes even more violent than men.

In a recent review of dozens of studies on aggression in couples, British psychologist John Archer, Ph.D., of the University of Central Lancashire, found that, during an argument with a husband or lover, women were more likely than their partners to slap, kick, bite, or use a weapon.

The difference, says another British psychologist, Anne Campbell, Ph.D., is that men are more likely to yell *(continued on page 55)*

WHAT MAKES WOMEN MAD?

There are gender differences in what trips our tempers. A man's anger often erupts because of a threat to his autonomy, such as not being allowed to do what he wants to do. Women get angry when another person's behavior is, as one researcher puts it, "not in keeping with the relationship they would like or expect to have," especially when they end up feeling rejected, ignored or jealous.

"The three most common causes of anger that I've found in women are powerlessness, unjust or unfair treatment, and having someone they count on let them down," says Sandra Thomas. "Very often women want someone or something to change, but there's nothing they can do make that happen, and they don't see a way out." This can create chronic anger that flares up again and again, whatever the circumstances.

"Women get angry for the same reasons at work and at home," adds Doris Wild Helmering, a psychotherapist in St. Louis and author of *Sense Ability: Expanding Your Sense of Awareness for a Twenty-First Century Life* (Eagle Brook/William Morrow, July 1999). "But they show their anger more at home." On the job, a woman may be infuriated by a manager who claims credit for her work, but she might not say a word. At home, she may get so upset with a teenager who breaks curfew that she delivers a long lecture at the top of her lungs.



How Anger Can Sabotage Your Sex Life

Scarlett and Rhett. Hepburn and Tracy. Taylor and Burton. With these high-octane couples, we think of passionate arguments exploding into impassioned lovemaking. But when it comes to real life, think again. Among us ordinary people, anger is far more likely to be a turnoff rather than a turn-on.

In one study of forty-eight men and women, anger significantly reduced desire. Both sexes, who listened to erotic tapes that contained statements designed to elicit anxiety or anger, reported feeling less sexual interest. But far more women than men—79 percent compared to just 21 percent—said they would have terminated a sexual encounter because of their anger.

"Men may interpret the physiological stimulation of anger as a state of arousal," Doris Wild Helmering observes. "But when couples are mad, they usually stop having sex. In all my years as a therapist, I have never seen a couple who said they were having better sex because of a fight."

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ARICEPT® (Donepezil Hydrochloride Tablets)
Brief Summary — For Additional Information Consult Prescribing Information **INDICATIONS AND USAGE** ARICEPT® is indicated for the treatment of mild to moderate dementia of the Alzheimer's type. **CONTRAINDICATIONS** ARICEPT® is contraindicated in patients with known hypersensitivity to donepezil hydrochloride or to piperidine derivatives.

WARNINGS ***Anesthesia:*** ARICEPT® as a cholinesterase inhibitor is likely to exaggerate succinylcholine-type muscle relaxation during anesthesia. ***Cardiovascular Conditions:*** Because of their pharmacological action, cholinesterase inhibitors may have vagotonic effects on heart rate (eg, bradycardia). The potential for this action may be significant in patients with "sick sinus syndrome" or other supraventricular cardiac conduction conditions. Syncopal episodes have been reported in association with the use of ARICEPT®. ***Gastrointestinal Conditions:*** Through their cholinergic mechanism, cholinesterase inhibitors may be expected to increase gastric acid secretion due to increased cholinergic tone. Therefore, patients should be monitored closely for symptoms of active or occult gastrointestinal bleeding, especially those who are at increased risk for developing ulcers, eg, those with a history of ulcer disease or those receiving concomitant nonsteroidal anti-inflammatory drugs (NSAIDs). Clinical studies of ARICEPT® have shown no increase, relative to placebo, in the incidence of peptic ulcer disease or gastrointestinal bleeding. ARICEPT®, as a predictable consequence of its pharmacodynamic properties, has been shown to produce diarrhea, nausea, and vomiting. These effects, which were dose-related, occurred more frequently with the 10 mg/day dose than with the 5 mg/day dose. In most cases, these effects were mild to moderate in severity, were manifest during the first few weeks, and have resolved during continued use of ARICEPT®. ***Genitourinary:*** Although not observed in clinical trials of ARICEPT®, cholinomimetics may cause bladder outflow obstruction. ***Neurological Conditions:*** Seizures: Cholinomimetics are believed to have some potential to cause seizures in certain patients. However, seizure activity also may be a manifestation of Alzheimer's Disease. ***Pulmonary Conditions:*** Because of their cholinomimetic actions, cholinesterase inhibitors should be prescribed with care to patients with a history of asthma or obstructive pulmonary disease. **PRECAUTIONS Drug-Drug Interactions** ***Drugs Highly Bound to Plasma Proteins:*** Drug displacement studies have been performed *in vitro* between this highly bound drug and other highly bound drugs such as furosemide, digoxin, and warfarin. ARICEPT® at concentrations of 0.3-10 µg/mL did not affect the binding of furosemide (5 µg/mL), digoxin (2 ng/mL), and warfarin (3 µg/mL) to human albumin. Similarly, the binding of ARICEPT® to human albumin was not affected by furosemide, digoxin, and warfarin. ***Effect of ARICEPT® on the Metabolism of Other Drugs:*** No *in vivo* clinical trials have investigated the effect of ARICEPT® on the clearance of drugs metabolized by CYP 3A4 (eg, cisapride, terfenadine) or by CYP 2D6 (eg, imipramine). However, *in vitro* studies showed little rate of binding to these enzymes (mean K_i about 50 -130 µM), that, given the therapeutic plasma concentration of donepezil (164 nM), indicates little likelihood of interference. Whether ARICEPT® has any potential for enzyme induction is not known. Formal pharmacokinetic studies evaluated the potential of ARICEPT® for interaction with warfarin, cimetidine, warfarin, and digoxin. No significant effects on the pharmacokinetics of these drugs were observed. ***Effect of Other Drugs on the Metabolism of ARICEPT®:*** Ketoconazole and quinidine, inhibitors of CYP450 3A4 and 2D6, respectively, inhibit donepezil metabolism *in vitro*. Whether there is a clinical effect of these inhibitors, and known inducers of CYP 2D6 and CYP 3A4 (eg, phenytoin, carbamazepine, dexamethasone, rifampin, and phenobarbital) on increase the rate of elimination of ARICEPT®. Formal pharmacokinetic studies demonstrated that the metabolism of ARICEPT® is not significantly affected by concurrent administration of digoxin or cimetidine. ***Use with Anticholinergics:*** Because of their mechanism of action, cholinesterase inhibitors have the potential to interfere with the activity of anticholinergic medications. ***Use with Cholinomimetics and Other Cholinesterase Inhibitors:*** Additive effects may be expected when cholinesterase inhibitors are given concurrently with succinylcholine, similar neuromuscular blocking agents, or cholinergic agonists such as bethanechol. **Carcinogenesis, Mutagenesis, Impairment of Fertility** Carcinogenicity studies of donepezil have not been completed. Donepezil was not mutagenic in the Ames bacterial reverse mutation assay, the bacterial chromosome aberration test in cultures of Chinese hamster lung (CHL) cells, or the micronucleus test in mice. No clastogenic effects were observed. Donepezil was not clastogenic in the *in vivo* mouse micronucleus test. Donepezil had no effect on fertility in rats at doses up to 10 mg/kg/day (approximately 8 times the maximum recommended human dose on a mg/m² basis). **Pregnancy** *Pregnancy Category C* Teratology studies conducted in pregnant rats at doses up to 16 mg/kg/day (approximately 13 times the maximum recommended human dose on a mg/m² basis) and in rabbits at doses up to 10 mg/kg/day (approximately 16 times the maximum recommended human dose on a mg/m² basis) revealed no evidence of teratogenic potential of donepezil. However, in a study in which pregnant rats were dosed during late gestation and lactation at doses up to 2.5 mg/kg/day (approximately 2 times the maximum recommended human dose on a mg/m² basis), there was a slight increase in stillbirths and a slight decrease in pup viability on day 4 postpartum at this dose. The next lower dose tested was 1 mg/kg/day. There are no adequate and well-controlled studies in pregnant women. ARICEPT® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nursing Mothers** It is not known whether donepezil is excreted in human breast milk. ARICEPT® is not recommended for use by nursing mothers. **Pediatric Use** There are no adequate and well-controlled trials to support the safety of ARICEPT® in any use in nursing children. **ADVERSE REACTIONS Adverse Events Leading to Discontinuation** The rates of discontinuation from controlled clinical trials of ARICEPT® due to adverse events in the ARICEPT® 5 mg/day treatment group were comparable to those of placebo-treatment groups at approximately 5%. The rate of discontinuation of patients who received 7 day escalations from 5 mg/day to 10 mg/day was approximately 15%. The most frequent adverse events leading to discontinuation, defined as those occurring in at least 2% of patients and at twice the placebo rate, were seen in placebo patients were nausea (1% [5 mg] and 3% [10 mg] vs 1% placebo) and vomiting (1% [5 mg] and 2% [10 mg] vs 1% [5 mg] and 1% placebo)). **Most Frequent Adverse Clinical Events Seen in Association with the Use of ARICEPT®** The most frequently observed adverse events associated with the use of ARICEPT®, occurring at a frequency of at least 5% in patients treated for 3 months, and more frequently than in placebo-treated patients, were primarily predicted by ARICEPT®'s cholinomimetic effects. These include diarrhea, nausea, vomiting, muscle cramps, fatigue, and anorexia. These adverse events were often of mild to moderate severity, and were transient with continued treatment without the need for dose modification. There is evidence that the incidence of some of these adverse events may be affected by the rate of titration. An open-label titration study was conducted in which patients were titrated to 10 mg/day over 1 week, 2 weeks, or 4 weeks. In the 1- and 2-week titration groups, the incidence of adverse events were lower than those seen in patients titrated to 10 mg/day over 4 weeks in the 6-week double-blind trials and were comparable to those seen in patients titrated to 5 mg/day over 1 week in the 6-week double-blind trials. The following adverse events were observed at an incidence of 5% or greater following one week and six week titration regimens. **Adverse Events Reported in Controlled Trials** The following data reflect experience gained under closely monitored conditions of clinical trials in a highly selected patient population. In actual clinical practice or in other clinical trials, these frequency estimates may not apply, as the conditions of use, reporting behavior, and the kinds of patients treated may differ. Table 2 lists treatment-emergent signs and symptoms that were reported in at least 2% of patients in placebo-controlled trials who received ARICEPT® at a dose of 5 mg/day or 10 mg/day, and for which the rate of use was greater for ARICEPT® assigned patients than placebo-assigned patients. In general, adverse events were similar in male and female patients and with advancing age. **Other Adverse Events Observed During Clinical Trials** ARICEPT® has been administered to individuals during clinical trials worldwide. Approximately 1200 of these patients have been treated for at least and more than 1000 patients have been treated for at least 6 months. Controlled and uncontrolled trials in the included approximately 900 patients. In regards to the highest dose of 10 mg/day, this population includes treated for 3 months, 475 patients treated for 6 months and 116 patients treated for over 1 year. The ra exposure is from 1 to 1214 days. Treatment emergent signs and symptoms that occurred during 3 controlled and two open-label trials in the United States were recorded as adverse events by the clinical inves terminology of their own choosing. To provide an overall estimate of the proportion of individuals having si events, the events were grouped into a smaller number of standardized categories using a modified COSTA and event frequencies were calculated across all studies. These categories are used in the listing below. The represent the proportion of 900 patients from these trials who experienced that event while receiving AD adverse events occurring at least twice are included, except for those already listed in Tables 1 or 2, COSTA general to be informative, or events less likely to be drug caused. Events are classified by body system and in following definitions: *frequent adverse events*—those occurring in at least 1/100 patients; *infrequent adver* those occurring in 1/100 to 1/1000 patients. These adverse events are not necessarily related to ARICEPT® in most cases were observed at a similar frequency in placebo-treated patients in the controlled studies additional adverse events were seen in studies conducted outside the United States. **Body as a Whole:** *Frequ* chest pain, toothache, *Infrequent* fever, edema face, periorbital edema, hernia hiatal, abscess, cellulitis, chill coldness, head fullness, listlessness. **Cardiovascular System:** *Frequent* hypertension, vasodilation, atr hot flashes, hypotension, *Infrequent* angina pectoris, postural hypotension, myocardial infarction, AV block congestive heart failure, arteritis, bradycardia, peripheral vascular disease, supraventricular tachycard thrombosis. **Digestive System:** *Frequent* fecal incontinence, gastrointestinal bleeding, bloating, ep *Infrequent* eructation, gingivitis, increased appetite, flatulence, periodontal abscess, cholelithiasis, drooling, dry mouth, fever sore, gastritis, irritable colon, tongue edema, epigastric distress, gastroenteri transaminases, hemorrhoids, ileus, increased thirst, jaundice, melena, polydypsia, duodenal ulcer, sta **Endocrine System:** *Infrequent* diabetes mellitus, goiter. **Hemic and Lymphatic System:** *Infrequ* thrombocythemia, thrombocytopenia, eosinophilia, erythrocytopenia. **Metabolic and Nutritional** *Frequent* dehydration, *Infrequent* gout, hypokalemia, increased creatine kinase, hyperglycemia, wei increased lactate dehydrogenase. **Musculoskeletal System:** *Frequent* bone fracture, *Infrequent* musc muscle fasciculation. **Nervous System:** *Frequent* delusions, tremor, irritability, paresthesia, aggression, v increased libido, restlessness, abnormal crying, nervousness, aphasia, *Infrequent* cerebrovascular accident hemorrhage, transient ischemic attack, emotional lability, neuralgia, coldness (localized), muscle spasm, d abnormality, hypertonia, hypokinesia, neurodermatitis, numbness (localized), paranoia, dysarthria, dyspha decreased libido, melancholia, emotional withdrawal, nystagmus, pacing. **Respiratory System:** *Frequ* sore throat, bronchitis, *Infrequent* epistaxis, postnasal drip, pneumonia, hyperventilation, pulmonary wheezing, hypoxia, pharyngitis, pleurisy, pulmonary collapse, sleep apnea, snoring. **Skin and Appendage** pruritus, diaphoresis, urticaria, *Infrequent* dermatitis, erythema, skin discoloration, hyperkeratosis, atop dermatitis, herpes zoster, hirsutism, skin striae, night sweats, skin ulcer. **Special Senses:** *Frequent* irritation, vision blurred, *Infrequent* dry eyes, glaucoma, earache, tinnitus, blepharitis, decreased hea hemorrhage, otitis externa, otitis media, bad taste, conjunctival hemorrhage, ear buzzing, motion sickness, eyes. **Urogenital System:** *Frequent* urinary incontinence, nocturia, *Infrequent* dysuria, hematuria, urin metrorrhagia, cystitis, cruresis, prostate hypertrophy, pyelonephritis, inability to empty bladder, breast fib fibrocystic breast, mastitis, pyuria, renal failure, vaginitis. **Postintroduction Reports** Voluntary report events temporally associated with ARICEPT® that have been received since market introduction that are not and that there is inadequate data to determine the causal relationship with the drug include the following: abd agitation, cholecystitis, confusion, convulsions, hallucinations, heart block, hemolytic anemia, hyp pancreatitis, and rash. **OVERDOSAGE Because strategies for the management of overdose are** evolving, it is advisable to contact a Poison Control Center to determine the latest recommen the management of an overdose of any drug. As in any case of overdose, general supportive measure utilized. Overdosage with cholinesterase inhibitors can result in cholinergic crisis characterized by sev vomiting, salivation, sweating, bradycardia, hypotension, respiratory depression, collapse and convulsions muscle weakness is a possibility and may result in death if respiratory muscles are involved. Tertiary anticholi as atropine may be used as an antidote for ARICEPT® overdosage. Intravenous atropine sulfate titrated recommended, an initial dose of 1.0 to 2.0 mg IV with subsequent doses based upon clinical response. Atypica in blood pressure and heart rate have been reported with other cholinomimetics when co-administered with anticholinergics such as glycopyrrolate. It is not known whether ARICEPT® and/or its metabolites can be dialysis (hemodialysis, peritoneal dialysis, or hemofiltration). Dose-related signs of toxicity in animals includ spontaneous movement, prone position, staggering gait, lacrimation, clonic convulsions, depressed r salivation, miosis, tremors, fasciculation and lower body surface temperature. **DOSAGE AND ADMINISTR** dosages of ARICEPT® shown to be effective in controlled clinical trials are 5 mg and 10 mg administered o Controlled clinical trials indicate that the 10 mg dose, with a one week titration, is likely to be associated w incidence of cholinergic adverse events than the 5 mg dose. Because steady state is not achieved for 15 days and incidence of such effects may be influenced by the rate of dose escalation, treatment with a dose of 10 mg sh contemplated until patients have been on a daily dose of 5 mg for 4 to 6 weeks. Whether or not to employ a dose a matter of prescriber and patient preference. ARICEPT® should be taken in the evening, just prior to retiring, taken with or without food.

Table 1. Comparison of Rates of Adverse Events in Patients Titrated to 10 mg/day Over 1 and 6 Weeks

	No titration		One-week titration	Six-week titration
Adverse Event	Placebo (n=315)	5 mg/day (n=311)	10 mg/day (n=315)	10 mg/day (n=269)
Nausea	6%	5%	19%	6%
Diarrhea	5%	8%	15%	9%
Insomnia	6%	6%	14%	6%
Fatigue	3%	4%	8%	3%
Vomiting	3%	3%	8%	5%
Muscle Cramps	2%	6%	8%	3%
Anorexia	2%	3%	7%	3%

Table 2. Adverse Events Reported in Controlled Clinical Trials in at Least 2% of Patients Receiving ARICEPT® and at a Higher Frequency Than Placebo-treated Patients

Body System/Adverse Event	Placebo (n=355)	ARICEPT® (n=7
Percent of Patients With Any Adverse Event	72	7
Body as a Whole		
Headache	9	1
Pain, Various Locations	8	9
Accident	6	7
Fatigue	3	5
Cardiovascular System		
Syncope	1	2
Digestive System		
Nausea	6	11
Diarrhea	5	10
Vomiting	3	5
Anorexia	2	4
Hemic and Lymphatic System		
Ecchymosis	3	4
Metabolic and Nutritional Systems		
Weight Decrease	1	3
Musculoskeletal System		
Muscle Cramps	2	6
Arthritis	1	2
Nervous System		
Insomnia	6	9
Dizziness	6	8
Depression	<1	3
Abnormal Dreams	0	3
Somnolence	<1	2
Urogenital System		
Frequent Urination	1	2

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ontinued from page 50) or pound
heir fists without embarrassment.
hen women let loose with such a
splay, their response is quite dif-
rent: "After an outburst, women
ll themselves, 'Whoa! Get a grip,'
hile men say, 'That ought to show
em,'" she says.

In her studies of couples en-
aged in marital arguments, Janice
iecolt-Glaser, Ph.D., a psych-
logist at Ohio State University
ollege of Medicine, in Colum-
us, has found that wives react
uch more intensely, both mental-
and physically, to nasty quarrels
nan their husbands do. "It's not
he disagreement itself that's bad,
ut the expression," she explains.
Women hear and respond to nas-
iness and hostility much more
han men do.

- RECOGNIZE YOUR HOT BUTTONS. Is your sister-in-law bothersome because she always makes catty comments about your weight or hair? Do you start to steam every time your boss assumes you can work overtime? Think ahead to ways you might defuse these situations.
- DEAL WITH THE REAL ISSUE. "The point is not to keep saying, 'I'm so angry,' and remain actionless," says Virginia Williams, Ph.D., co-author (with her husband, Redford) of *Lifeskills* (Times Books, 1999). "You want to evaluate what [your anger is] all about and move on." Even a simple request of action can make a difference. Perhaps you're furious because your husband bought a new stereo system without consulting you; make him promise that he'll ask you before spending that kind of money next time.
- REALIZE THAT NO ONE ELSE CAN MAKE YOU MAD. "A lot of angry people blame anyone and everything for their anger: the car that won't start, the kid who talks back, the driver who cuts them off," says Doris Wild Helmering. "What keeps anger boiling is your own negative thinking." As long as you focus on the worthless car, the bratty kid or the idiotic driver, you'll stay mad. But once you come to understand that your anger is generated by how you think about an event, says Helmering, "you can take responsibility for controlling it."
- DON'T USE WORDS LIKE *FURIOUS* OR *ANGRY*. Instead, say, "I'm mildly annoyed." "No matter how loud you try to yell, 'I'm mildly annoyed,' this phrase is not going to rev up your anger," says Helmering.
- AVOID NAME CALLING. Anytime you label another person—whether it's with a term as simple as "jerk" or a more profane epithet—you put him in the category of your enemy. This makes it harder for you to feel any empathy, which is the best emotional antidote to anger.



"After an outburst, women tell themselves, 'Whoa! Get a grip,' while men say, 'That ought to show them' "

THE ONE-MINUTE ANGER TEST

In their anger workshops, Redford and Virginia Williams developed this quick method of assessing your anger before you act upon it:

- **IS IT IMPORTANT?** "If Rosa Parks [whose refusal to give up her bus seat in 1955 eventually led the U.S. Supreme Court to rule bus segregation unconstitutional] hadn't gotten angry, she'd have gone to the back of the bus," notes Redford Williams. "Her anger was about something important. If you find it hard to judge just how important an issue is, imagine that this is the last day of your life. Would it still matter enough to get angry about?"
- **IS IT APPROPRIATE?** Think about how you would describe the situation to a friend. Would she—or any reasonable person—respond the same way?
- **IS IT MODIFIABLE?** Bad weather, snarled traffic or a power failure may be aggravating—but utterly beyond your control. When change seems possible, come up with a specific, reasonable request to bring it about. If your husband constantly interrupts you, for instance, you might train yourself to respond calmly, "Please let me finish what I'm saying."
- **IS IT WORTH IT?** "If you've answered yes, you now have to decide what you really want," says Redford Williams. But even if you're sure your anger is warranted and worthwhile, don't let loose with both barrels. Instead, switch to a problem-solving mode and come up with a plan to change whatever got you so fired up in the first place. ●

Dianne Hales is a contributing editor to Ladies' Home Journal.

Natural Remedies for little aches & pains

By Martha Schindler



Nature's medicine chest (clockwise from top left): aloe, arnica, feverfew, tea, tea tree, pineapple, evening primrose and stinging nettles

According to a study published in *The Journal of the American Medical Association* (Nov. 11, 1998), 40 percent of Americans have tried alternative medicine. The conclusion so far: Many natural cures are effective, although sometimes even the experts aren't sure why.

How do you know which ones to try? "I've hosted a radio show on holistic medicine for fourteen years," says Bruce Hedendal, D.C., Ph.D., a holistic practitioner and clinical nutritionist in Boca Raton, Florida. "And I can tell you that there's a lot of bad information out there."

To help, we've pulled together eleven of the safest, most reliable home remedies for some minor aches and pains. As always, you should talk with your doctor about serious conditions or possible interactions with other treatments, and avoid taking any remedy if you are pregnant. But if you're dealing with one of these common complaints, why not give natural remedies a try?



woman over 60, there's something
ay be interested to know. While
m with vitamin D is important for
health, it often isn't all you need to
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s why it's important to ask your
hcare professional if a Bone Density Test
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your doctor if a
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ARNICA FOR BRUISES

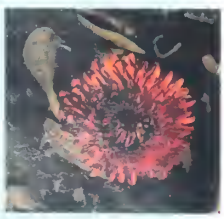
So you banged into the picnic table or overdid it on the softball field? The kind of trauma that causes achy muscles, and perhaps an ugly bruise, is exactly where the herb *Arnica montana* shines. When you apply it externally, arnica can help reduce swelling and inflammation in both acute and overuse injuries, says Hedendal, who happens to be a champion pentathlete.

He recommends applying an arnica cream, ointment or oil to sore muscles or bruises several times a day (don't use arnica on broken skin, as it can irritate). The herb seems to break down fibrin, the tough matrix of blood clots, and help flush them away, says Christopher Hobbs, an herbalist in Santa Cruz, California, and author of *Handbook for Herbal Healing* (Botanica Press, 1990) and *Herbal Remedies for Dummies* (IDG Books Worldwide, 1998).



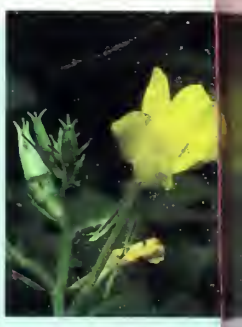
CALENDULA FOR MOUTH SORES

Canker and cold sores, sore gums or even burns in and around your mouth can make you miserable—but another natural healer, calendula, may help. Known to gardeners as the marigold, *Calendula officinalis* has been used for centuries to heal a variety of skin lesions, including sores in the mouth and throat. In animal and lab studies, calendula has demonstrated anti-inflammatory and wound-healing properties.



The best way to use calendula is to grow your own marigolds, says Hobbs, and "harvest the flowers as you need them." Chew on a small bud and hold it in your mouth next to the sore for thirty to sixty minutes. If you don't have a garden, make a calendula gargle by mixing two teaspoons of prepared calendula tincture (available in health-food stores) with a half-liter of water.

PRIMROSE OIL FOR DRY SKIN



If your skin seems to have suffered lately, it may not be the sun—your diet could be to blame. Cutting back on dietary fats can result in dry skin, rough skin or even eczema. Nutritionists point to the absence of one type of omega-6 fatty acid, gamma linoleic acid (GLA), as the culprit in many skin problems. "We know that one of the symptoms of a GLA deficiency is chronically dry or rough skin, so we think that supplementing can help," says Hedendal.

The remedy, evening primrose oil, derived from the wildflower with the same common name (*Oenothera biennis*), is rich in GLA. Studies using the oil to treat skin conditions like eczema have shown that it can help clear flare-ups and may reduce itching. Hedendal suggests taking two to four capsules (about 250 to 500 mg) of evening primrose oil daily. You can start looking for improvements within a month. No side effects have been documented.

TEA TREE OIL FOR CUTS AND SCRAPES

If you can get past the medicinal scent, you'll love what this stuff can do for minor cuts and abrasions. A traditional cure from Australia, tea tree oil is used to treat everything from dandruff to athlete's foot. The pale yellow liquid is derived from an Australian shrub, *Melaleuca alternifolia*, a member of the eucalyptus family. Research has proven that it is also an effective antiseptic, antibacterial and antifungal agent.

To use it, you can apply the undiluted oil straight to an injury. If you have sensitive skin, the full-strength product may cause irritation. For that reason, creams, salves and other over-the-counter preparations made with less-concentrated doses are recommended. Or you can dilute the oil yourself in an equal amount of sweet almond oil, Hobbs suggests. "It really works," he says.

COOLED TEA BAGS FOR SUNBURN

That tender, tight-skin feeling you get from a sunburn is bad enough. But often, as a response to the damage, the body sends extra blood to the site, which makes it hurt even more. Applying a cool compress will help divert some of the blood. And if the compress contains tea, you're getting a few extra benefits.

"Black tea is very astringent," says Margi Flint, an instructor of herbal medicine at the Tufts University School of Medicine, in Boston. "It helps the burn feel less tender." Try green tea, which contains polyphenols, antioxidants that seem to actually reduce the damage to your skin and speed the healing time.

To treat a sunburn, steep several tea bags in boiling water; remove the bags, allow them to cool (or put them in the refrigerator), then apply to your skin. If the area to be treated is large, dip cloths in the tea, cool and apply. Repeat as needed.

ALOE FOR BURNS

The gel from inside the leaves of the aloe vera (or *Aloe barbadensis*) plant is one of the best burn remedies around. It is proven to speed healing, although scientists are still unclear as to why. It also may work as a pain reliever, an anti-inflammatory and an anti-itch agent. And it may even fight infection.

"Aloe vera works for all kinds of minor skin irritations, and also keeps the skin soft so burns and cuts heal more comfortably," Hedendal says. Aloe is an ingredient in a variety of skin preparations, from gels and lotions to creams and salves. But you'll get the best results with fresh gel from your own plant, says Hobbs. Just split a leaf in half and squeeze the clear, gelatinous material onto your skin. Used topically, aloe has no known side effects, although you should reserve it for superficial burns and abrasions and leave deeper wounds to a physician's care.



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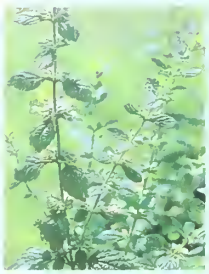
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Some migraine sufferers can prevent the headaches—or at least make them milder—by taking feverfew

Research has proved what herbalists have been saying for generations: The small white flowers known as *Tanacetum parthenium* can reduce the frequency and severity of migraine headaches, and may ease the nausea and vomiting that sometimes accompany them. (Studies do not yet support using the remedy to treat tension headaches, however.) Unfortunately, feverfew doesn't seem to help with headaches already in progress; it's a preventive, not a cure.



"Clinical trials and my clinical experience show that it works very well for some people," says Christopher Hobbs. "It takes from two to five months to take full effect, but the headaches should start easing up after six weeks and get progressively better after that." To prevent migraines, take 800 mg twice daily. Look for capsules that are marked "standardized" and contain 0.2 percent, or 250 mcg, of parthenolide, the chemical that has been credited with the anti-migraine action. A small number of people get mouth sores as an immediate side effect and should stop taking feverfew.



LEMON BALM FOR INSOMNIA

Tossing and turning? Before you reach for an over-the-counter sleeping pill, consider taking the gentle herb lemon balm, also known as *Melissa officinalis*. A mild sedative, this ancient remedy is great for treating insomnia brought on by anxiety, says Adriane Fugh-Berman, M.D., chair of the National Women's Health Network and author of *Alternative Medicine: What Works* (Lippincott, Williams & Wilkins, 1997). To use it, look for extracts or dried teas and follow the directions on the label. There don't seem to be any side effects, although people with thyroid problems should talk with a doctor before using lemon balm, as it inhibits certain thyroid hormones.

STINGING NETTLE FOR NASAL ALLERGIES

Stinging nettle, also known as *Urtica dioica*, is the bane of gardeners and hikers because it can create an extremely unpleasant rash with a mere brush of its branches. But in capsule form, nettle may be an effective remedy against hay fever and other nasal allergies. In a recent clinical trial, half of the study participants taking the nettle preparation said it was as good as or better at relieving their sneezing and itching than the medications they had taken in the past.

Marianne Frieri, M.D., Ph.D., director of allergy and immunology training at Nassau County Medical Center, in East Meadow, New York, cautions that nettle acts as a diuretic, so it should be used carefully to avoid dehydration. Hobbs suggests trying an over-the-counter nettle remedy for at least three weeks (follow the label for dosing information). Nettle appears to be safe; other than the risk of dehydration, it can cause mild intestinal gas. If the side effects are troublesome, stop taking the remedy.



BLACK HAW FOR MENSTRUAL WOES



Native Americans used the herbs black haw (*Viburnum prunifolium*) and cramp bark (*Viburnum opulus*) to treat menstrual cramps. And although scientific evidence of their efficacy is sketchy, both seem to work as antispasmodics. They also seem to be safe, although pregnant women are advised to avoid using them for any type of discomfort.

Flint recommends black haw tea, as does Fugh-Berman. To make it, simmer in a covered pot a tablespoon of dried black haw root in one and a half cups of water. Sip small amounts throughout the day. If you prefer to take prepared remedies, look for liquid extracts, capsules or tablets, and follow the manufacturer's dosage instructions.

One note of caution: If you're allergic to aspirin, skip black haw and cramp bark remedies. They contain salicin, the active ingredient in aspirin.

Hobbs suggests using either herb a few days before your period starts and continuing for a week to ten days. For an extra cramp-fighting boost, add a teaspoon of the herb valerian (*Valeriana officinalis*), which acts as a sedative, to your black haw or cramp bark tea. But skip the valerian if you're driving, as it can cause drowsiness.

Before you head to the ballpark for hot dogs, peanuts and beer, try munching on some pineapple. It might save you a dose of antacids later. The tropical fruit contains bromelain, a naturally occurring enzyme that when taken before meals seems to help digestion by aiding the body in breaking down food. Its action is generally less dramatic than pharmaceutical products, Bruce Hedendal notes, but it can help if you tend to feel bloated or sluggish after a big meal.

Look for bromelain-containing tablets or capsules in the health-food store, and take 250 to 500 mg three times a day, before or during meals (follow label instructions for specific dosages).

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A TWO-CARD FAMILY?

Co-signing for your teen's first credit card is probably not the safest way to teach smart money practices: Because the bills are addressed to the cardholder, it might be hard for you to monitor expenditures. Better: Give your teen a second card on your existing account.

Have her keep track of each purchase, and when the monthly bill comes, sit with her and make sure there are no discrepancies between her list and what appears on the statement. Use this review not only to check your teen's spending, but also to talk about specific purchases and future needs. And look for free seminars for teenagers given by some card issuers, such as United College Marketing Services, headquartered in Oak Brook, Illinois. It sponsors talks around the country on saving and spending. "Cardholders armed with information are clearly more likely to use credit wisely," says Larry Chiang, president of the company. Check out his Web site (*www.collegevisa.com*) for more information.

—*Kids and Money*, by Jayne Pearl

THE CARD FILE

- Percentage of 18- and 19-year-olds who have access to a parent's credit card: 15
- Percentage who have their own: 37
- Age of youngest person issued a credit card by Young Americans Bank*: 12
- Average age of teen cardholders: 17
- Average balance in dollars: 171

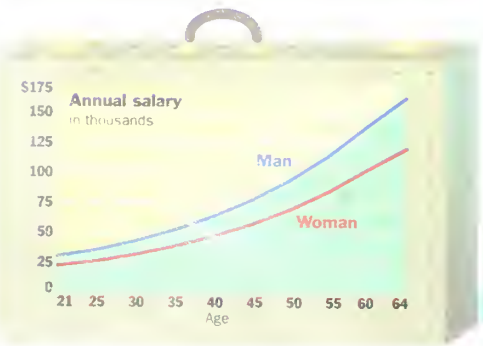
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THE MAGIC NUMBER

If you are saving, tha good. If you have eno savings that you are investing in mutual funds, that's great, to But if you have money many different mutua funds (through 401(k pension plans, college savings accounts and such), it may be time rethink your tactics. "Most people can't properly monitor more than eight to ten funds says Harold Evensky, financial planner in Co Gables, Florida, "and certainly don't need m than that to safely spre your money around." Do some of your funds invest in the same industries? Or in the same-size stocks? Try t consolidate to a numbe you can track easily, an stick to that.

***—The New Commonsen Guide to Mutual Fund* by Mary Rowla**

OUR LOSS: THE WAGE GAP'S HUGE COST

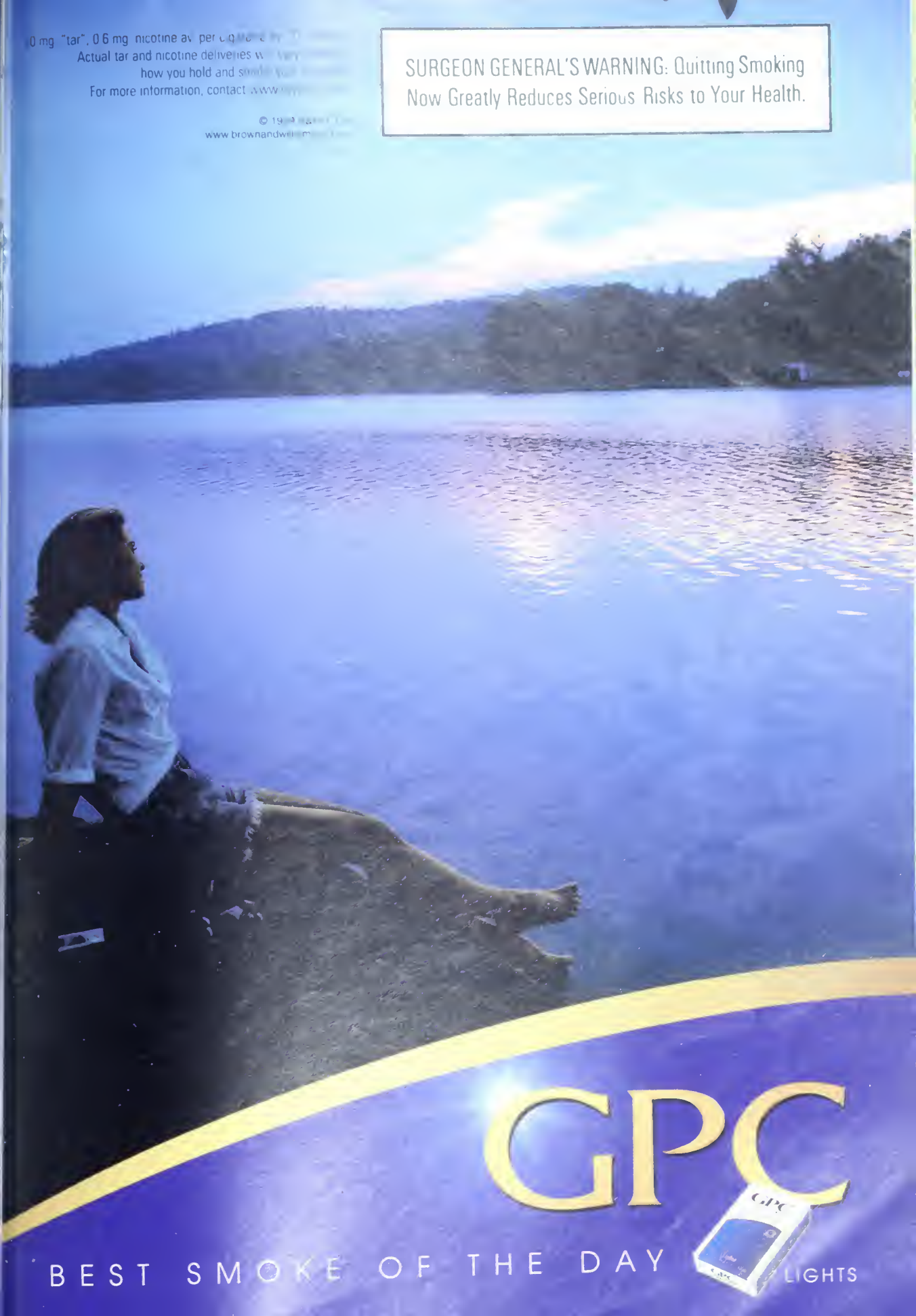




IT'S WELL KNOWN that women earn 76 percent o what men do and are away from their jobs fo about five years, versus one year for most men But what do the numbers look like when you con sider a lifetime of earnings? If a man starts out a age twenty-one earning $30,000 per year, get 4 percent annual raises, and retires at the end o his sixty-fourth year, he'd have earned $3,462,386

If a woman begins working at age twenty-one at salary of $22,800 (76 percent of a man's) and get a 4 percent raise every year until she turns sixty five, she will have earned $830,940 less than th man. If she leaves the workforce, say, from age thir ty to thirty-five, she forgoes another $175,770. Even if the man spent his sixty-fourth year not working he'd be ahead by $844,695. —Susan E. Reed

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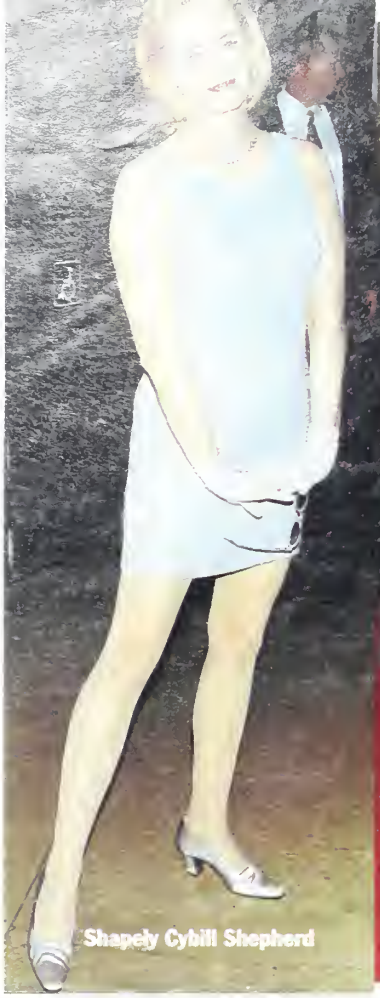
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Shapely Cybill Shepherd



Winning Kate Winslet



Curvy Christina Ricci

These three women are average size —everywhere but Hollywood

INCREDIBLE SHRINKING STARS

Why Tinseltown's got a serious weight problem. By Judith Newman

CAMRYN MANHEIM sounded the clarion call for fat acceptance last year when she thrust her Emmy statuette into the air and shouted, "This is for all the fat girls!" Manheim, thirty-eight, won the Emmy for outstanding supporting actress in the hit TV drama *The Practice*. In May, she furthered the cause with her book *Wake Up, I'm Fat!* (Broadway Books), a poignant and humorous account of her lifelong struggle with extra pounds.

Those of us who look more like Camryn than Calista Flockhart are cheering. Finally, an attractive actress willing to accept her body the way it is. Moreover, one who's getting her due playing a competent, appealing, full-figured character—not a wacky sidekick (think Kathy Kinney in *The Drew Carey Show*) or a nutcase (Kathy Bates in *Misery*).

But wait a minute. Where *are* "all the fat girls?" Although several magazines and TV shows have recently trumpeted the new body acceptance in Hollywood, the women cited again and again as "large"—Kate Winslet, Jennifer Lopez, Christina Ricci, Drew Barrymore—don't quite fit the description. Truth is, there are few average-to-plus-size stars, and they are usually comedians or character actresses: Roseanne, Rosie O'Donnell, Whoopi Goldberg.

As America grows fatter, our stars are getting slimmer. Think Calista, Sarah Michelle Gellar, Kathie Lee Gifford, Tori Spelling, Courteney Cox, Celine Dion, Helen Hunt, Gwyneth Paltrow and Heather Locklear. Perhaps they're slender because we want them that way. Like children who idolize their parents, we expect celebrities to be better than we are—prettier, more charming, slimmer. When stars fall off their exalted perches—when they gain weight, for instance—we turn on them, says Jane Greer, Ph.D., a New York City–based psychotherapist with a celebrity clientele. "Subconsciously *(continued on page 73)*

TOOTHPASTE UPDATE

he Orajel Dental Report

you answer "yes" to these
uestions, you should switch
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In medical studies, just over one third of people treated with ENBREL reported redness, itching, pain, and/or swelling where the injections were given. You should not start taking ENBREL if you have an active or serious infection or are allergic to ENBREL or its ingredients. If you develop a new infection while on ENBREL, you should tell your doctor right away. In medical studies, some patients experienced injection site reactions (37%), infections (35%), headache (17%), and malignancies (less than 1%). The long-term effects of ENBREL treatment on infection, malignancy, or autoimmune disease are unknown. Since the introduction of ENBREL, there have been some reports of infection that have led to serious problems, including fatalities. Many of these reports have been in people with other diseases, like diabetes, which make them more likely to get serious infections. If you have questions about this information, be sure to discuss them with your doctor. ENBREL is available by prescription only.

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BRIEF SUMMARY

See package insert for **full Prescribing Information.**

INDICATIONS AND USAGE: For reduction in signs and symptoms of moderately to severely active rheumatoid arthritis (RA) in patients who have had an inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs). ENBREL can be used in combination with methotrexate in patients who do not respond adequately to methotrexate alone.

CONTRAINDICATIONS: Do not administer to patients with sepsis or with known hypersensitivity to ENBREL or any of its components.

WARNINGS: Discontinue if a patient develops a serious infection.

PRECAUTIONS: General-Allergic reactions during clinical trials have been reported rarely (<0.5%). If an anaphylactic reaction or other serious allergic reaction occurs, discontinue immediately and initiate appropriate therapy. **Information to Patients**-If a patient is to self-administer ENBREL, instruct him/her in injection techniques to ensure safe self-administration and proper syringe and needle disposal. The first injection should be performed under the supervision of a qualified health care professional. Assess patient's ability to self-inject subcutaneously (SC). **Immunosuppression**-The possibility exists for anti-tumor necrosis factor (TNF) therapies, including ENBREL, to affect host defenses against infections and malignancies since TNF mediates inflammation and modulates cellular immune responses. In a study of 49 RA patients treated with ENBREL, there was no evidence of depression of delayed-type hypersensitivity, depression of immunoglobulin levels, or change in enumeration of effector cell populations. The impact of ENBREL treatment on the development and course of malignancies and infections is not fully understood. Safety and efficacy in patients with immunosuppression or chronic infections have not been evaluated. **Vaccinations**-No data are available on the effects of vaccination in patients receiving ENBREL. Live vaccines should not be given concurrently. No data are available on the secondary transmission of infection by live vaccines in ENBREL patients. **Autoantibody Formation**-ENBREL treatment may result in the formation of autoimmune antibodies. **Drug Interactions**-Specific drug interaction studies have not been conducted. **Carcinogenesis, Mutagenesis, and Impairment of Fertility**-Long-term animal studies have not been conducted to evaluate carcinogenic potential or effect on fertility. Mutagenesis studies were conducted in vitro and in vivo, and no evidence of mutagenic activity was observed. **Pregnancy (Category B)**-Developmental toxicity studies, performed in rats and rabbits at doses ranging from 60- to 100-fold higher than the human dose, revealed no evidence of harm to the fetus due to ENBREL. There are, however, no studies in pregnant women. Because animal reproduction studies are not always predictive of human response, use during pregnancy only if clearly needed. **Nursing Mothers**-It is not known whether ENBREL is excreted in human milk or absorbed systemically after ingestion. Because many drugs and immunoglobulins are excreted in human milk, and because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug. **Geriatric Use**-A total of 123 RA patients, ≥65 years old, have been studied in clinical trials. No overall differences in safety or effectiveness were observed between these patients and younger patients. Greater sensitivity of some older individuals cannot be ruled out. **Pediatric Use**-Sixty-nine patients with polyarticular course juvenile rheumatoid arthritis (JRA) ages 4 to 17 years, who were refractory to or intolerant of methotrexate and had moderately to severely active JRA, received ENBREL 0.4 mg/kg (maximum 25 mg dose) SC twice weekly for 3 months. Seventy-six percent (n=54) demonstrated a clinical response measured by the JRA Definition of Improvement (≥30% improvement in at least 3 of 6 and ≥30% worsening in no more than 1 of 6 JRA core set criteria, which include physician and patient global assessments, active joint count, limitation of motion, functional assessment, and ESR). The safety profile (n=69) was similar to that seen in adult RA patients treated with ENBREL; however, the percent reporting abdominal pain (17%) and vomiting (14.5%) was higher. Two JRA patients developed varicella infection associated with signs and symptoms of aseptic meningitis, the infection resolved without sequelae. It is recommended that patients with a significant exposure to varicella virus temporarily discontinue ENBREL and treatment with Varicella Zoster Immune Globulin be considered. Responses to immunizations have not been studied in children receiving ENBREL. It is recommended that JRA patients, if possible, be brought up to date with all immunizations in agreement with current immunization guidelines prior to initiating ENBREL. The safety of ENBREL has not been studied in children < 4 years of age.

ADVERSE REACTIONS: ENBREL has been studied in 1039 RA patients. In controlled studies, 349 patients received ENBREL and 152 patients received placebo. The proportion of patients who discontinued treatment due to adverse events (AEs) was the same in both groups (4%). **Injection Site Reactions**-In controlled trials, 37% of patients developed injection site reactions (ISRs). These were described as mild to moderate (erythema and/or itching, pain, or swelling) and generally did not necessitate drug discontinuation. ISRs generally occurred in the first month and subsequently decreased in frequency. The mean duration of ISRs was 3 to 5 days. Seven percent of patients experienced redness at a previous injection site when subsequent injections were given. **Infections**-Upper respiratory infections ("colds") and sinusitis were the most frequently reported infections in ENBREL or placebo patients. In placebo controlled trials, the incidence of upper respiratory tract infections was 16% in the placebo group and 29% in the ENBREL group (0.68 and 0.82 events per patient year, respectively, when the longer observation of ENBREL patients was accounted for). In placebo controlled trials, no increase in the incidence of serious infections was observed (1.3% placebo, 0.9% ENBREL). In all clinical trials, 22 serious infections were observed in a total of 745 ENBREL subjects, including: pyelonephritis, bronchitis, se[p]tic arthritis, abdominal abscess, cellulitis, osteomyelitis, wound infection, pneumonia, [p]it abscess, leg ulcer, diarrhea, sinusitis, and sepsis. Data from a sepsis clinical trial, [n]ot specifically in RA patients, suggest that ENBREL may increase mortality in patients [w]ith established sepsis. **Malignancies**-Seven new malignancies of various types [w]ere observed in 745 RA patients treated in clinical trials with ENBREL for up to 18 months. [T]he observed rates and increases were similar to those expected for the population studi[ed]. **Autoantibodies**-Patients had serum samples tested for autoantibodies at multiple ti[me] points. Of the patients evaluated for antinuclear antibodies (ANA), the percentage [of] patients who developed new positive ANA (>1:40) was higher with ENBREL (11%) [than] placebo (5%). The percentage of patients who developed new positive anti-double-stran[ded] DNA antibodies was also higher by radioimmunoassay (15% ENBREL, 4% placebo) and [by] crithidia lucilae assay (3% ENBREL, none of placebo-treated patients). The proportion [of] patients treated with ENBREL who developed anticardiolipin antibodies was simila[r] increased compared to placebo-treated patients. No patients developed clinical si[gns] suggestive of a lupus-like syndrome or other new autoimmune diseases. The impact [of] long-term treatment on the development of autoimmune diseases is unknown. **Ot[her] Adverse Reactions**-Events reported in at least 3% of all patients with higher incidence [in] ENBREL patients compared to controls in placebo-controlled RA trials and events [per] patient year are summarized in the next table.

Percent of RA Patients Reporting Adverse Events and Events per Patient Year in Placebo-Controlled Clinical Trials*

	Percent of patients		Event per patient year	
Event	Placebo (n = 152)	ENBREL (n = 349)	Placebo (40 pt years)	ENBREL (117 pt years)
Injection site reaction	10	37	0.62	7.73
Infection	32	35	1.86	1.82
Non-URI**	32	38	1.54	1.50
URI**	16	29	0.68	0.82
Headache	13	17	0.62	0.68
Rhinitis	8	12	0.35	0.45
Dizziness	5	7	0.25	0.21
Pharyngitis	5	7	0.17	0.24
Cough	3	6	0.17	0.18
Asthenia	3	5	0.10	0.16
Pain, abdomen	3	5	0.12	0.17
Rash	3	5	0.12	0.21
Respiratory disorder	1	5	0.05	0.17
Dyspepsia	1	4	0.05	0.12
Sinusitis	2	3	0.07	0.12

* *Includes data from the 6-month study in which patients received concurrent methotrexate therapy.*

** *Includes data from two of the three controlled trials.*

Among RA patients treated in controlled trials, serious AEs occurred at a frequency of 4[%] in 349 ENBREL-treated patients compared to 5% of 152 placebo-treated patients. Among RA patients in controlled and open-label trials, malignancies and infections were the most common serious AEs observed. Other infrequent serious AEs observed included: heart failure, myocardial infarction, myocardial ischemia, cerebral ischemia, hypertension, hypotension, cholecystitis, pancreatitis, gastrointestinal hemorrhage, bursitis, depression, and dyspnea.

OVERDOSAGE-The maximum tolerated dose has not been established in humans. Toxicology studies have been performed in monkeys at doses up to 30 times the human dose with no evidence of dose-limiting toxicities. No dose-limiting toxicities have been observed during clinical trials of ENBREL. Single intravenous (IV) doses up to 60 mg/m² have been administered to healthy volunteers in an endotoxemia study without evidence of dose-limiting toxicities. The highest dose level evaluated in RA patients has been a single IV loading dose of 32 mg/m² followed by SC doses of 16 mg/m² (~25 mg) administered twice weekly. In one RA trial, one patient mistakenly self-administered 62 mg ENBREL SC twice weekly for 3 weeks without experiencing adverse effects.

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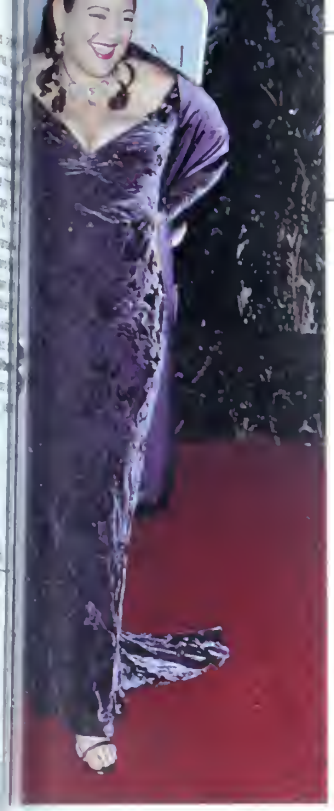
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Twelve years ago, Camryn Manheim almost overdosed on weight-controlling amphetamines. These days, she's pleased as plump

REDIBLE SHRINKING STARS

inued from page 68

're telling them: 'Hey, you're not ling up your end of the bargain.'" versely, though, photos of pudgy s put us at ease. "It's like, 'Eliza- n Taylor has everything in the rld, yet she can't control her ght,'" explains Greer. "People ntify with that. It makes the ebrity more human."

POSSIBLE STANDARDS

I hadn't been an actress, my ght never would have been an ue," says *The Opposite of Sex*'s ristina Ricci, who battled orexia before coming to terms h her hourglass figure. "Holly- od wants everyone to be gaunt." isten Johnston, the size-ten star *3rd Rock From the Sun*, agrees. formalcy is trashed."

If you think Ricci and Johnston exaggerating, just ask a plus-size actress who's auditioning for comic roles. Emme, the dazzling five-foot-eleven, 190-pound model who hosts *Fashion Emergency* on E!, says her combination of size and looks is a catch-22. "I walk into auditions and they go, 'You're too good-looking to be the fat girl.'"

When large women are featured in movies, their size is usually the focus. And too often, the heavy female character suffers an unfortunate or pathetic fate: Shirley Stoler gets hers in *The Honeymoon Killers*; the fat girl in *Heathers* tries to kill herself but botches it.

Indeed, it seems that overweight women aren't cut out for roles involving sex- or political scandal. An example: our real-life Washington soap opera, starring a zaftig temptress, Monica Lewinsky, and her blowsy betrayer, Linda Tripp. How many times did you hear people comment on their weight? Two women responsible for almost bringing down the President of the United States should at least have the decency to be slinky!



Bringing Up the Rear

"Now [my fans] want me to be a little heavier. All the other big-butted women in the world are happier," said Jennifer Lopez



"I don't think I'm too thin," said Calista Flockhart. "I eat whatever I want whenever I want"

There are, however, two areas of show business in which extra pounds don't seem to matter: gritty TV series like *NYPD Blue*, *Chicago Hope* and *ER*, and talk shows, where weighty stars actually seem to be welcome. Think Rosie, Ricki, Mother Love, Star Jones, Roseanne and, of course, Oprah. "It's essential for talk-show hosts to be more like the woman next door than some Hollywood queen," says Phil Bunton, editor-in-chief of the *Star*. "In fact, [many of] Oprah's fans complained when she lost weight, because she no longer seemed like a real person."

CAVING TO THE PRESSURE TO BE THIN

Even for celebs who profess to be large and proud, their actions often belie their words. What made Roseanne a startlingly *(continued)*

...g great entertainer was that she made us accept her as being fat. Then something happened. Roseanne's pounds were liposuctioned away. Her breasts were reduced. Her face slowly morphed from pudge to cheekbone-sucking definition. We loved her fat, but she wanted to be skinny anyway.

Roseanne isn't the only defector from the ranks of the big and beautiful. Oprah boasted that she was "the largest woman ever to be on the cover of *Vogue*," but she admitted that even at her reduced size "*Vogue* had major discussions about putting me on the cover." (It was widely reported that she crash-dieted two months before the photo shoot to lose an extra twenty pounds.) Rosie O'Donnell sent Manheim a bouquet of flowers and the note "Fat Girls Rule" when Manheim won her Emmy. Yet this year, Rosie started "Chub Club," in which viewers are encouraged to lose weight with her, slowly and healthfully.



Celebrities have always been thin: The fleshier stars of Hollywood's heyday—Sophia Loren and Marilyn Monroe—stand out precisely because they weren't the norm. The waifish Audrey Hepburn was more typical. The difference is, back then the average American was actually smaller—and slimmer. Today, she is both taller and heavier, so the gap between reality and fantasy has widened. But most of us don't see it this way. We believe that what we see on the big screen is not only infinitely desirable but attainable.

We might always be a nation that worships the bony over the fleshy because, let's face it, bones do photograph well. But a little more diversity among our Hollywood sex symbols wouldn't hurt. These days Camryn Manheim considers herself an activist for self-acceptance, "someone who's gonna carry the torch, maybe change some of the myths about fat people who could not be considered beautiful or sensual or articulate or professional." And model/actresses like Emme hope to do their part, too. "When you look at films from Italy, France, Australia, you see so many different body types," she says. "Why should America be the only country where you have to be thin to be loved?" ●

Judith Newman wrote about Meg Ryan for Ladies' Home Journal's July issue.



Food for Thought

Courteney Cox denies rumors of an eating disorder. "My weight does go up and down," she says. "But I would never throw up my food, and I would never take a laxative"

Rosie Shapes 'Em Up

Since January, more than 310,000 people have joined Rosie O'Donnell's Chub Club, a program to help viewers eat less and move more

HOW THE STARS SHED POUNDS FAST

Jennifer Aniston: "I follow The Zone [a diet program that emphasizes more protein and fewer carbohydrates]. Also, I run, which melts the pounds quickly."

Goldie Hawn: "I jump-start my exercise program. I don't just run; I run up into the mountains. I find that pushing myself to the limit really gets my metabolism going."

Matt Damon: "I've had to lose weight for two roles, and the first time I did it very stupidly. I didn't eat much except for a little protein, and I ran a ton. The second time, I worked with a nutritionist who emphasized a balanced diet."

Janeane Garofalo: "It sounds so awful, but I've done the diet Coke and cigarettes diet. It worked, but I wouldn't recommend it to anyone."

Melanie Griffith: "When I want to lose weight, I do Pilates every day. And I cut back on sugar and bread."

Oprah: "The key for me is working out twice a day. The morning workout is fine, but at the end of the day, I really don't want to get on the treadmill again."

Jamie Lee Curtis: "I stop eating fat and salt. Instead, I fill up on vegetables. It's rough, but it's worth it."

Sandra Bullock: "I go salsa dancing. It's fun, and it burns hundreds of calories. It's better than doing a workout that you hate. Also, I don't eat ice cream. When I was in college, I worked at an ice-cream store, and I put on pounds in a flash." —Cindy Pearlman



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Good taste is easy to recognize.

By Mary C. Hickey



DON'T YOU WISH YOU WORKED FOR A COMPANY LIKE THIS?

These days, more and more employers are offering on-site child care, flex-time, even "lactation rooms," as they compete for employees who demand family-friendly policies. But some are offering even more cutting-edge benefits.

• **A "HOME IN A HURRY"** meal service for days when you're too busy—or tired—to cook. Employees at William Beaumont Hospital, in Royal Oaks, Michigan, can order from the weekly menu and have their take-out dinners (all under $8) waiting for them when they leave work.

• **A WORKPLACE CONCIERGE** who will drop off your dry cleaning or take your car to the shop. Mercer Management Consulting, in Lexington, Massachusetts, has contracted such a person who, for varying fees, will help relieve its employees of some domestic chores.

• **A PLACE TO BRING THE KIDS** when school is closed. Computer Associates, in Islandia, New York, offers a special workplace center for kids during holidays and vacations. The fee is based on the employee's salary.

• **RESERVED PARKING** spots for pregnant women located near the building entrance. Currently, five moms-to-be at Enzymatic Therapy, in Green Bay, Wisconsin, use the perk.

WOMEN TO LEARN FROM

VITAL STATS: Andrea Pagano, 38, of Atlanta. Mother of two girls, ages 8 and 9.

HER ACCOMPLISHMENT: After five years of being a stay-at-hom mom, Andrea recently reentered the workforce as a full-time management consultant. She ha an MBA and had been the gener manager of a small firm. "I alway intended to go back to work when the kids were in school."

HOW SHE KEPT HER SKILLS SHARP: Andrea became involved with Formerly Employed Mothers at the Leading Edge (FEMALE), a social organization for women who take time off from work to stay home with kids. She ended up running the local chapter, and later became a regional coordinator. "Running that organization was exactly like running a small company."



HOW SHE EXPLAINS THE "GAP" ON HER RÉSUMÉ: "I was amazed. I never really had to."

THE LESSON: "Stepping back on the career track is not as hard as you think. And it's even easier if you can point to skills learned during your years at home."

HOW TO SAY NO!

It's an old adage: When you want something done, ask a busy person. But to juggle successfully, you have to know how to bow out when asked to add even more responsibilities to your list. Some ways to try:

	Scenario	What To Say	Why It Works
1	Your boss assigns you a project that will mean working overtime for the next month.	"My plate is so full right now; I'm already working on X, Y and Z. But I can get a consultant to do it for a reasonable fee."	Your response lets your boss know why you can't handle the assignment and offers a solution to the problem.
2	The PTA president asks you to volunteer at a tag sale. You're free on Saturday, but wanted to shop.	"I'm sorry, but I've got an important commitment I simply can't break. Feel free to call me again next time you're looking."	By saying your plans are important (no fib—you *need* a new suit), you discourag her from trying to persuade you.
3	Your mother-in-law calls to say she's coming to spend the weekend.	"You know we really love seeing you, but this is a busy weekend, and we won't have the time we'd want to spend with you."	Your response reassures her that she's wanted—but makes it perfectly clear the timing is wrong.
4	Your child asks you to drive him and his friends to an R-rated movie—and then pick them up.	"No. Absolutely not."	Because you're the mom. That's why.


TIGGER
Some friendships
make us go higher.
Pooh

Children with skin diseases live with teasing, stares and loneliness. But here, they can forget about being patients and just be kids. By Lydia Preston



CAMP HAPPINESS

CAMP HORIZON OPENS on a warm Sunday in August. Cars pull into the campground in the rolling farmland of central Pennsylvania, unloading kids, backpacks and bulky duffel bags in the parking lot. The newcomers hang back, clinging to their parents; returning campers race off with barely a backward glance to join friends from previous summers.

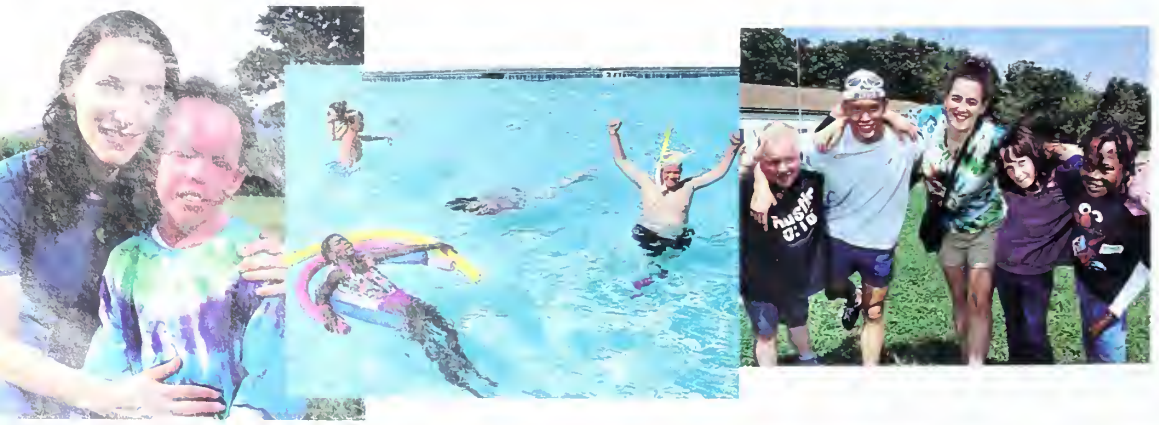
It's a typical first day at any summer camp, anywhere. But many of these children would not feel at home in other camps. Some are swathed in bandages. Other kids are completely bald. Some walk with short, painful steps; a handful are in wheelchairs. And most of them have some kind of rash, inflammation or growth on their skin. This is the tie that binds them, and what makes Camp Horizon unique.

"When people hear about this place, the first thing they often say is, 'Why do you need a camp for *that*? It's only skin. How bad can it be?'" says Julie Winfield, M.D., a pediatric dermatologist from Minneapolis, who is part of the all-volunteer camp medical staff. "Well, it can be really bad. Some skin conditions are very disabling—they can even be fatal—and they are all socially devastating. For some of these kids, camp is one of the few places on Earth where they're not made to feel like total outcasts."

"Kids at school call me 'Fish'—you know, because I've got scales," says twelve-year-old Vicky Murray, a pretty, blue-eyed brunet who has had severe psoriasis since she was a toddler. "They stare at me when I walk down the hall, and if I touch something, they won't touch it."

"They laugh at me, and they ca me 'Mummy' because of the ban dages," says Lorien Johnson, thi teen. Lorien has a very rare form o the genetic condition called epider molysis bullosa (EB), which make the skin extremely fragile. Th slightest pressure can raise a painfu blister or open a dangerous wound so Lorien must wrap herself fron head to toe daily with protectiv gauze dressings. Accumulated sca tissue has fused her fingers into mit tenlike fists, a common consequenc of her type of EB.

"When people first see me, they go, 'Whoa! What's that?'" say Chris Overstreet. The thirteen-year old was born with ichthyosis, a ge netic disorder that causes the body to produce *(continued on page 83)*



From left: Margaret Frost gets a hug from dermatologist Julie Winfield; everybody into the pool: Swimming helps keep fragile skin healthy; five stars are born as these pals prep for the talent show

"Mom, why does grandma smell like moth[illegible]?"



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ctive bladder is a medical condition that affects an estimated llion Americans. And now, it may be effectively treated for up o 24 hours with a single dose of new Ditropan® XL (pro-nounced DIT-tro-pan XL), *the only once-a-day medication for veractive bladder.*

effectively treat overactive bladder for o 24 hours with one daily dose.

-a-day Ditropan® XL has been shown in many patients to effec- treat overactive bladder with symptoms of urge incontinence des (wetting accidents), urgency (strong need to urinate), and ency (urinating often). Ditropan® XL significantly reduces the ber of wetting accidents patients experience on a weekly basis. clinical study with Ditropan® XL, patients experienced a 90% tion (from 16 to 2) in the number of wetting accidents per week is patients taking a sugar pill who experienced a 51% reduction 1 21 to 11). Clinical studies included patients known to have toms improve with oxybutynin or other similar medications

k to your doctor.

ourse, only your doctor can diagnose your bladder control prob- But if he or she decides that once-a-day Ditropan® XL is right ou, just one daily dose may effectively treat your symptoms for o 24 hours.

nical studies, the most common side effect was dry m
vever, only 1% of patients discontinued therap
er common side effects were constipation
%), diarrhea (9%), blurred vision (8%), dry eye
), and runny nose (6%). Only 7% of patient
ntinued therapy due to side effects.

ot take Ditropan® XL if you have certain
, or glaucoma problems. If you currently
a

gastrointestinal disorder or have had a gastrointestinal blockage gastroesophageal reflux, or esophagitis, your doctor should determine whether once-a-day Ditropan® XL is right for you

Ask your doctor about once-a-day Ditropan® XL or call toll-free 1-888-395-1232 (or visit our web site at www.DitropanXL.com). Because an overactive bladder is something that can be effectively treated

Please see brief summary of product information on next page.

Do you have the common symptoms of an overactive bladder?

Take this test and take it to your doctor
to discuss your problem and treatment options.

- Do you have to urinate 8 times or more in a 24-hour period? ☐
- Do you often have strong, sudden urges to urinate? ☐
- Do you have accidents before getting to the bathroom? ☐
- Do you get up two or more times at night to urinate? ☐
- Do you wear pads because you're unable to make it to the bathroom? ☐

Call 1-888-395-1232

Ask your doctor about

Once-a-day DITROPAN® XL

(oxybutynin chloride) Extended-release tablets

The Once-A-Day Advantage

pan® is a registered trademark of ALZA Corporation

Patient Information About

Once-a-day DITROPAN XL
(oxybutynin chloride) Extended-release tablets

[illegible] DITROPAN XL for the Treatment of Overactive Bladder

[illegible] taking DITROPAN XL (Dit-ro-pan XL) and each time you get a refill. [illegible] available. Remember, this information is not meant to take the place of your pharmacist's additional information about DITROPAN XL.

What is DITROPAN® XL?

[illegible] of overactive bladder, reducing the symptoms of urge incontinence (wetting [illegible] immediately) and frequency (urinating many times a day).

What should I know about overactive bladder?

[illegible] in the bladder may contract involuntarily, like a muscle spasm. In [illegible], you may feel a sudden, urgent need to urinate immediately, and may experience loss of urine before you reach a bathroom. [illegible] include urge incontinence episodes, frequency, and urgency.

How does DITROPAN® XL work?

[illegible] DITROPAN XL acts by relaxing the muscles in the bladder, decreasing the occurrence of [illegible].

Does DITROPAN® XL cure overactive bladder?

[illegible] DITROPAN XL is [illegible] for the treatment of the symptoms of overactive bladder, including [illegible] urgency, need to urinate immediately, and frequency (urinating many times a day). [illegible] after taking DITROPAN XL for 3 weeks, discuss them with your doctor. [illegible] DITROPAN XL may [illegible].

Who should NOT take DITROPAN® XL?

[illegible] DITROPAN XL.

- [illegible] to DITROPAN XL tablets.
- [illegible] if you are at risk for these conditions.

What are the possible side effects of DITROPAN® XL?

[illegible] reported with the use of DITROPAN XL included dry mouth, [illegible] blurred vision, loss of energy, pain, upset stomach, dizziness, dry [illegible] of patients stopped taking DITROPAN XL because of any side effects. The most frequently dry mouth. The frequency of dry mouth was dose related.

[illegible] pain, flu syndrome, [illegible] and nose, accidental injury, back pain, flu syndrome, [illegible] reflux, arthritis, sleepiness, nervousness, confusion, upper [illegible], sore throat, dry skin, rash, hesitancy, increased [illegible].

[illegible] side effects. If you need more information, or develop any of these or other side [illegible].

How should I take DITROPAN® XL?

- Take [illegible] once a day, every day, as prescribed by your doctor.
- The tablets should be swallowed whole with the help of water or other liquids. **DO NOT CHEW, CRUSH, OR SPLIT THE TABLETS.**
- You may take DITROPAN XL with or without meals.
- You and your doctor together can decide the best time of day for you to take your medicine.
- If you forget to take DITROPAN XL, take it as soon as you remember. However, if it is close to the time for your next dose (less than 8 hours), wait and then take the next tablet as usual. Do not take more or less than you are prescribed at any one time.

What is the right dose of DITROPAN® XL?

The usual starting dose is one 5-mg tablet taken once a day. However, you and your health care professional will decide the appropriate dose for you. DITROPAN XL is available in two strengths: 5 mg and 10 mg tablets.

What medical problems should I discuss with my doctor before I begin taking DITROPAN® XL?

Talk to your doctor if:

- You have kidney or liver disease.
- You have a condition that puts you at risk of developing urinary retention.
- You have stomach or digestive problems.
- You currently take medication for a stomach or digestive disorder.
- You are pregnant or planning on becoming pregnant while you are taking DITROPAN® XL.
- You are breast-feeding.

Can I take DITROPAN® XL with other medications?

Tell your doctor or pharmacist about any medicines that you are taking, including prescription, non-prescription or herbal remedies. Do not start taking a new medicine before checking with your doctor or pharmacist. [illegible] work the same way as DITROPAN XL may increase the occurrence of some side effects, such as dry mouth, sleepiness, and blurred vision. DITROPAN® XL may affect the absorption of some medication.

Other Important Safety Information

Cancer and impairment of fertility

DITROPAN® XL, like most prescription drugs, was tested in animals before it was marketed for human use. These tests used doses much higher than recommended for humans. No evidence of cancer was demonstrated in these tests.

Use during pregnancy or in nursing mothers

There are no adequate and well-controlled studies in pregnant women. Therefore, DITROPAN® XL should be used in pregnancy only if clearly needed. Additionally, because it is not known whether DITROPAN® XL is excreted in human milk, DITROPAN XL should be used in nursing mothers only if clearly needed.

Overdosage

Overdosage with oxybutynin (the active drug in DITROPAN® XL) has caused excitation, flushing or fever, [illegible], dehydration, heartbeat irregularities, vomiting, and urine retention.

How should I store DITROPAN® XL tablets?

As with any medicines, DITROPAN XL should be stored out of the reach of children. Store DITROPAN XL in the [illegible] container at room temperature (59°F to 86°F). Do not store this medicine in damp places.

For more information on DITROPAN XL, talk to your doctor or pharmacist, call 1-888-[illegible] (1-888-395-1232), or visit www.DitropanXL.com.

Manufactured, distributed, and marketed by
ALZA Corporation, Palo Alto, CA 94304

Marketed by UCB Pharma, Inc., Smyrna, GA 30080.



LHJ SPECIAL OFFER

The Song of Life

These beautiful and weather-resistant Song of Life™ Wind Chimes create charming and soothing tones—and they help support and increase awareness of several nonprofit charities.

The colored metal ribbon wind-catcher hangs beneath the eight shimmering hand-tuned chimes. Choose from the following colors and their corresponding charitable causes: [illegible]; [illegible]; Blue—Child Abuse; Purple—Alzheimer's Disease; and Red—AIDS.

These Chimes were created by J.W. Stannard, maker of some of the finest wind chimes in the world, and selected especially for LHJ readers. A part of the proceeds from the sale of each Song of Life Wind Chimes is given to the corresponding charity by J.W. Stannard. Whether you purchase this musical gift for yourself or in memory of a loved one, you are giving a gift of hope to the charities that the Chimes represent.

The overall height of the Song of Life Wind Chimes is approximately 12 inches. They are crafted with hardwood, aluminum alloy bells and synthetic cord. The Chimes may be hung anywhere, indoors or out—such as a porch, a patio, a garden, in a window, or in the kitchen.

The price of $28.95 per Song of Life Wind Chimes includes shipping, handling and applicable sales tax.

TO ORDER: Call 800-763-6393 (MasterCard, Visa and Discover Card users) or send your name, street address and a check or money order to: *Ladies' Home Journal*® Resources, Dept. L0899, P.O. Box 9381, Des Moines, IA 50306-9381. Please specify product and ribbon color.

...d from page 78

...ells faster than they can be ... In its most severe form, ...osis can render the skin as stiff ...lligator's hide. In Chris's case, ...rownish plates of scale give his ...rough, dappled appearance.

...hen we go someplace like a ...r an amusement park, the way ... point and stare is obnoxious," ...s mother, Sue Overstreet. "It's ...d to watch—to see your child ...gnore something like that."

...e worst thing for me," adds ..., "is knowing that I was born ...ay and there's nothing I can do ... it. People seem to think there's ...cream or medicine I could use ...ould make it go away. That re...ks me off."

...ATING DISEASES

... is no real cure for any of the ...ions that affect these campers. ...ver half of the eighty children ...are genetic disorders, for which ...modern genetic engineering of...ome possible hope of a future ...dy. The others have severe ... of more familiar skin ailments. ... 6.4 million Americans—about ... 15 percent of them under the ...f ten—have psoriasis, and an ...ated 10 percent of all children ... atopic dermatitis, the worst ... of the chronic rash-producing ...se eczema.

...r reasons doctors still don't fully ...stand, in some patients the dis...rage out of control, enveloping ... areas of their bodies for weeks ...en years.

...ten, these children are prone to ...us infections. They may not be ... to sweat efficiently, which can ...fe-threatening in hot weather. ...e disorders, like EB, cause inter...carring, hampering the ability to ... For children with excessively ...le or stiff skin over their joints, ... holding a pencil can be agoniz... Some find it too painful to walk. ...nly a tiny percentage of all ch... ... with dermatological ailments ...e ...everely affected. But, adds ...r, M.D., professor of pedi...tics ...ool ...Northw... ...Univ... ...Hosp... ...the re... ...porta... ...meet ...Avon ...They fe... ...

Camp Horizon opened in ... outside rural Millville, Pennsylvania, under the direction of Howard Pride, M.D., a pediatric dermatologist at Penn State Geisinger Medical Center in nearby Danville. It was inspired by a similar facility, Camp Knutson, in Minnesota. Today, both weeklong skin-disorder camps operate under the aegis of the Camp Discovery program of the American Academy of Dermatology, which provides funding and whose physician members refer young patients from throughout the U.S., Canada and elsewhere. There is no cost to the children's families.

The eight- to thirteen-year-olds at Camp Horizon bunk in eight roomy cabins, and are divided into groups of four to six who eat and participate in scheduled activities together. From the start, camp veterans Chris Overstreet, Matt Sweeney and Alex Khauslender, all thirteen, unite in a rowdy posse—ribbing their two counselors, checking out the girls in the mess hall and happily plotting water-balloon fights. Alex has alopecia, a type of hair loss that comes and goes without warning. Last summer, he wore a baseball cap to cover his bald patches; this year, he sports a full head of dark hair.

The fourth in their group, thirteen-year-old newcomer Anthony Discepola, is reserved and wary on the first day. That afternoon, while the other boys race off to the pond, Anthony heads for the Med Shed, which houses both the camp clinic and the office. His psoriasis is acting up – his arms and legs, covered with angry red skin and silvery scales, itch like crazy.

It's hard to predict what Anthony's future holds. In general, the more severe an inflammatory skin condition is in childhood, the more likely it is to be a lifelong problem. Experience has left Anthony with little faith in doctors. "They can't do *(continued)*

Cleans.

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Brings your face a chamomile tea and fluffy slippers.



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LUNCH COMBINATIONS

ything," he says dismissively—or alternative therapies: "I've tried, e, every cream and medicine in e world. Nothing ever lasts."

Scratching his arms, Anthony rries on a glum conversation with counselor. Why did he come to mp? "I dunno." What's he oking forward to here? "Not uch." What does he like to with his friends back home Atlanta? "I really don't have y friends," he says curtly. His ood picks up after dinner, ough, as he is drawn into a ant, pass and kick competi-on, displaying an impressively rong and accurate throwing m. Later, he joins the other ds for a raucous evening of t-acquainted games, followed y bingo and a bedtime snack f s'mores.

On Monday morning, An-hony becomes completely ab-rbed in a knot-tying class. At he heavily stocked fishing ond, he proves adept at fly asting, too, and he enthusiasti-ally joins in the mock-betting t "Casino Night" that evening. It's actually pretty cool here," e concedes. Tuesday after-oon, at an advanced knot-ying class, he becomes the first Horizon camper ever to master complicated eye splice weave. At dinnertime, wearing the rope lung across his chest, Anthony tands on the mess-hall stage, beam-ng, as his feat is announced. The campers, led by Chris, Alex and Matt, cheer.

"This place is like heaven on Earth for me," Anthony declares lat-er, with a broad smile.

A PLACE TO FORGET THE PAIN

The breakneck round of activit at Camp Horizon is the typ mixture of sports, crafts and r-door skills: swimming, pa e-boating, fishing, archery, tie-d ing, woodcraft and the like. fter dark, there's stargazing, camp-fire sings and the option of sleeping out in the woods. Even the most severely disabled campers are never left on the sidelines. Those who have trou-ble walking are ferried in golf carts; softball, volleyball and basketball games slow to a snail's pace for kids who can't tolerate rough play.





From top: Budding Michelangelo Josh Nelson displays his art; "pumped-up" Michael Allen wows the crowd at the talent show; strangers on Sunday become best friends by Friday; Billy Bragen and Alex Khauslender enjoy good, clean foamy fun; all smiles now, but all too soon, it's time to say good-bye







For the most part, tedious daily skin care is unobtrusively woven into camp routine. The children with EB check into the Med Shed daily for dressing changes, and those with feeding or tracheostomy tubes are tended by medical personnel. Counselors keep a sharp eye out for children who might be overheating, especially those with ectodermal dysplasia, a condition in which the skin has no functioning sweat glands.

Most of the kids appear to be blissfully oblivious to their conditions after the first day, although a few do find kindred souls. Ichthyosis patients Bailey Jones and Laura Ashton joke about vacuuming skin flakes off their beds and furniture every day.

On a more sober note, Laura wishes she knew how the texture of her skin feels to other people. "No one will tell me," she says with an edge of frustration in her voice. "When I ask my mother, she says my hands feel normal. But I know that's not true." She extends her hand. "Will you tell me what it feels like?"

Laura's hands seem a little dry, kind of work-worn. The plaquelike scales are waxy, probably due to the heavy creams she uses. "But they look so sharp," she says doubtfully. "Don't they hurt when you touch them?" No, they don't. Her mother is right—Laura's skin feels pretty normal.

Few people are willing to discover that *(continued on page 156)*

LENOX



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Teddy's CHRISTMAS WISH

1999 Annual Teddy Bear Ornament

Clutching a pair of drumsticks in his little paws, Teddy Bear taps out a pitter-patter on his brand new drum. From the look of pure innocence on Teddy's face, you'd never guess he unwrapped his special gift the night *before* Christmas!

Presenting *Teddy's Christmas Wish*, the first in a collection of teddy bear ornaments from Lenox. Crafted of Lenox fine china, each ornament is hand painted and accented with 24 karat gold.

Teddy's Christmas Wish is a limited edition, with crafting to cease Christmas Day, 1999. This first annual ornament will bear the prized Lenox® hallmark and year of issue in 24 karat gold and be accompanied by a Certificate of Authenticity.

Teddy's Christmas Wish is available direct from Lenox for just $29.90. To acquire this fine imported ornament for yourself or as a cherished Christmas gift, order today.



Ivory china...hand painting...gold accents. This is the look of classic elegance created by Walter Scott Lenox more than a century ago...treasured for generations...and sought after by collectors today.

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Shown actual size. Pepper shaker, 3¼" high.

Full-lead crystal adds a dash of dazzle to your table.

A good meal needs only a dash of spice to make it perfect. A nice table needs only a dash of sparkle to make it simply elegant.

Now, the artists of Gorham have created *Crystal Cats Salt & Pepper Set*—the perfectly elegant addition to any table.

This set of sculptured shakers will be crafted of full-lead crystal. As part of your table decoration, these crystal cat sculptures will create brilliant rainbows of color in daylight and gleam with inner radiance by candlelight.

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Your sales tax will be added.

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IN THE NEWS:

Let the Sun Shine!

By now, we've all heard the warnings that sun worship is harmful. Many of us even heed them and put on sunscreen before we walk out the door. And so we should—to a point. The latest research shows that short bouts of exposure without sunblock may yield significant health benefits, from helping to prevent some cancers to warding off depression.

The sun/cancer link stems from previous research that found that women who live in the Northeast are 40 to 60 percent more likely to die from breast cancer than those who live in "sunnier" West Coast or Southern areas. A new study by epidemiologist Esther John, Ph.D., at the Northern California Cancer Center, suggests that the incidence of cancer has as much to do with geography as with behavior: She found that women who either lived in the South or said that they were frequently outdoors were 30 to 40 percent less likely to develop breast cancer than women who didn't fit that profile. Other research indicates that sunlight may help prevent prostate and colon cancers as well.

FACT: *On average, ten to fifteen minutes in the sun two to three times per week without sunscreen supplies 90 percent of the recommended dose of disease-preventing vitamin D*

Experts attribute the lower risk to high levels of vitamin D, which the body produces when UVB rays penetrate the skin. Most of us don't get enough of this nutrient through diet alone. "If you live in the north, or are indoors a lot, you're at a greater risk for being vitamin D–deficient," says Susan Thys-Jacobs, M.D., director of the Osteoporosis Center at St. Luke's Roosevelt Hospital, in New York.

Vitamin D is also needed for calcium absorption, and thus plays an important role in protecting against osteoporosis, bone fractures and PMS. Preliminary findings further indicate that because vitamin D may affect mood, lack of sun may play a role in all types of depression—not just in seasonal-affective disorder (which tends to strike during winter months).

Of course, *baking* in the sun is still a no-no, so it's critical to apply a sunscreen with an SPF of 15 or above when you're outdoors for longer than fifteen minutes. —Nicci Micco

BODY BRIEFS

SAVE YOUR $$$$



Vitamins marked "timed release" aren't worth the extra money they cost, despite what the labels claim about "around-the-clock impact." So says Srini Srinivasan, Ph.D., director of the Dietary Supplements Division at United States Pharmacopeia. Vitamin levels in the body need not be kept constant.

HERBAL ALERT



Be sure to tell your dentist, as well as your doctor, about any herbal remedies you take. **Some herbs have side effects that may affect oral health**, says the Academy of General Dentistry. For example, ginkgo may cause bleeding gums or worsen existing gum disease.

EMBARRASSING PROBLEM

According to the Society for Women's Health Research, more than half of all **sexually active women with an overactive bladder experience sexual difficulties** as a result. But thanks to new drugs with fewer side effects than older remedies, women with this bladder condition have more and better treatment options today.

HEALTHY FEET



When you plan to take a long walk, first **rub antiperspirant all over your feet to prevent blisters**, says Suzanne Levine, D.P.M., a clinical podiatrist in New York City. Sweaty feet create friction, which irritates the skin and causes the painful, fluid-filled sores.

—Christine Many



©99 Kraft Foods, Inc.

SLEEP RAIDERS



Have you spent one too many nights tossing and turning? Do you frequently wake up feeling tired after eight hours of sleep? Check: One of these dietary saboteurs may be to blame. —C.M.

CULPRIT: Eating too few carbohydrates
REASON: Carbo-rich foods help send the amino acid tryptophan to the brain, which may induce sleep.

CULPRIT: A diet low in minerals
REASON: Calcium, magnesium and iron all have a sedative effect; deficiencies may keep you awake.

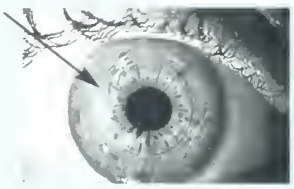
CULPRIT: Eating high-protein snacks right before bedtime
REASON: Proteins inhibit tryptophan's journey to the brain, making you more alert.

CULPRIT: Overeating—or undereating
REASON: Hunger will make you restless; a big meal may cause sleep-inhibiting indigestion.

CULPRIT: Drinking alcohol
REASON: Alcohol can cause frequent awakenings and block the restful sleep experienced during the REM cycle.

ASK THE OPHTHALMOLOGIST

Q: Should I consider having those new corneal implants to correct my nearsightedness?



Seeing is believing: Reversible implants help the mildly nearsighted

A: You might consider the procedure, in which clear plastic implants are inserted into the cornea, if your nearsightedness is not too severe, says Daniel Durrie, M.D., director of refractive surgery at Hunkeler Eye Centers, in Kansas City, Missouri. Like laser vision correction, this surgery takes about ten minutes and involves only minor discomfort; unlike laser treatment, this procedure is reversible if the patient experiences side effects. One caveat: The cost, around $2,400 per eye, may not be covered by insurance. —Mary Mertz

MINI MED SCHOOL

DECODE YOUR PRESCRIPTION

Ever wonder what those strange abbreviations on a prescription mean? They're instructions for taking the medication, written by doctors for pharmacists in a Latin-based shorthand. Here's how to break the code. —Sarah Smith

ABBREVIATION	MEANING	WHAT YOU SHOULD DO
ac	before meals	Take the medication on an empty stomach, generally one hour before meals.
bid	twice a day	Take the drug in the morning and at bedtime—the spacing usually needn't be exactly twelve hours apart.
hs	at bedtime	Take right before going to sleep—the medication may work better at night or could make you drowsy.
tid	three times a day	Take at evenly spaced intervals during the day—for example, at 8 A.M., 3 P.M. and 10 P.M.
qd	once a day	While you can take the drug at any time, doing so every morning, say, makes it easier to remember.
q4h	take every four hours	Take the drug at evenly spaced *daytime* intervals. Don't set your alarm clock to wake you at night.

Source: Daniel Albrant, Pharm.D., president of Pharmacy Dynamics, a consulting firm in Arlington, Virginia, and a spokesperson for the American Pharmaceutical Association.

STAND STRONG

Do this move to strengthen your lower body, your back and your abs, says Reebok Master Trainer Bob Esquer.



▶ Start from a standing position. Legs should be shoulder-width apart, arms at your sides. (You can hold light dumbbells.)
▶ Squat down as if you're going to sit, lowering your body until your upper legs are almost parallel to the floor. Flex your spine slightly. Inhale as you squat and exhale coming up. Keep your head and neck straight and your shoulders down and back.
▶ Do three sets of 12 to 15 repetitions.



This is calcium?

Every soft, chewy, delicious, 15-calorie chocolate or cherry flavored morsel just happens to contain 500 mg of bone-strengthening calcium.





The author and her family—from left, Fred, Annie-Rose and Max—surf the Net together

ourfamily.com

FOR ONE MONTH, MY HUSBAND, CHILDREN AND I SHOPPED, PAID BILLS, MET NEW PEOPLE, EVEN ATTENDED CHURCH WITHOUT LEAVING HOME. HERE, WHAT IT'S LIKE TO "LIVE" ONLINE, PLUS TIPS EVERY COMPUTER USER NEEDS TO KNOW

BY MARY C. HICKEY

It is close to one A.M., and I'm on the computer "chatting" with complete strangers about the complicated lovelife of Ally McBeal, of the popular TV show. I should log off and go to bed, but for some reason, I can't seem to pull myself away.

For the past month, my family and I have been involved in a *Ladies' Home Journal* experiment to see what life might be like in the future if, as prognosticators predict, we really will conduct most of our affairs in cyberspace. From the moment we wake up—and scan the day's news on *www.cnn.com*—to the time we go to bed—after dashing off E-mails or checking out chat rooms—we've been virtually living online. Our electronic endeavors have ranged from the prosaic (shopping, paying bills) to the profound: One Sunday morning, I attended an online worship service conducted (via a Web cam) at the Peachtree Presbyterian Church, in Atlanta (*www.peachtreepres.org*).

Our experiences have proven most enlightening. For one thing, we discovered that there's an almost unfathomable number of things you can do on the Internet. For another, we learned that not everything on the Web is worth doing. We also found that cyberspace is too dangerous for unsupervised children. But for me, the most unexpected discovery was how utterly addictive using the Internet can be.

The Wonderful World of Cyberspace

Since the mid-nineties, the Information Superhighway has plowed its way into mainstream American life. The number of "wired" Americans jumped from 78 million during the first quarter of 1998 to 108 million during the last three months of 1998, according to a study by Gartner-Group's Dataquest, a *(continued)*



HOW HUNGER STRIKES GET STARTED.

A sandwich just isn't a sandwich without

KRAFT Miracle Whip

technology research firm in Norwalk, Connecticut. Experts predict that within the next five years, almost 60 percent of American households will have Internet access—up from about 37 percent today.

Though initially men were more apt to use online services, women have all but caught up. According to Jupiter Communications, a New York City Internet research group, women now account for 45 percent of Web users and are on track to outnumber men within four years.

Most of those using the Net find it invaluable. A survey conducted jointly by America Online and Roper Starch revealed that 77 percent of adults who subscribe to an Internet service believe that going online has made their lives better, and 80 percent say it makes many activities easier and more convenient.

Our family is certainly among that group of fans. As a writer who works from home, I've become increasingly reliant on the Internet over the past few years to research stories and connect with sources. Though my husband's job as a magazine editor requires him to be at the office most of the time, Fred also telecommutes when he needs to work in the evening or on days when he's home sick. Our kids, Max, twelve, and Annie-Rose, nine, learned to master a mouse in nursery school and, in recent years, have used the Internet to do homework, play games and send E-mail to their friends.

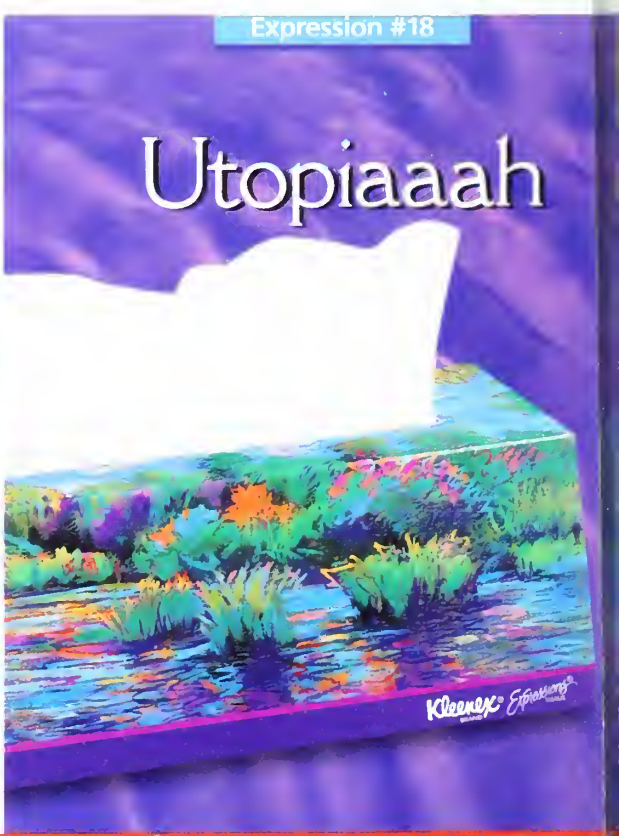
Still, once we began hunting for new ways to use the online services, we realized that so far we'd touched just the tip of the electronic iceberg. After only a few days of living online, we concluded that almost every bit of information a family needs for daily life is available on the Net. We began using it to look up phone numbers, check movie listings, research medical conditions and locate yard sales.

Before leaving to visit an elderly aunt in a hospital in another state, Fred visited *www.mapquest.com*. There, he entered our home adres and that of the hospital. Withi min utes, he had step-by-step drivi di rections and a detailed road ma

Our kids found dozens of w's t spend time on the Net. Annie Ros discovered a Beanie Babies Wel si where she learned all sorts of ing about her stuffed animal colle jor Max, a budding rock-and-roll fan ke searching for tidbits about his fa bands. Both of them also used t ternet for homework: Annie-Rose k the "Homework Help" secti America Online, and Max discove new electronic tutor of sorts, s called *www.askjeeves.com*—a searc gine that lets you type in a que and then gives you a list of Web where you can find the answers.

Our computer also became a am ily communications device. A t start of our monthlong cybervo ge Fred installed the Netscape AO In stant Messenger system so we c conduct real-time conversato from our various computers. Wh days, Instant Messenger beca





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AMILY **FAVORITES**

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- PLAN A VACATION
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- LISTEN TO MUSIC
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- FIND AN OLD FRIEND
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- READ RESTAURANT REVIEWS
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rite way to keep in touch.
mboldened by our success with saging, we ventured even farther cyberspace. We bought Quicken money-management program) and up an online link to our bank. We nd it a great tool for keeping track ransactions, transferring funds be- en accounts and monitoring our ckbook register. We set up online ounts with our credit-card compa- s so we could pay our monthly s online. "This is terrific," crowed ed, who is also something of a penny-pincher. "We can delay paying bills until the last minute—and save money on stamps."

When we decided to investigate online shopping, however, we found the situation to be more advanced. In the past, we'd sent bouquets via *www.flowers.com*, ordered coffee from *www.starbucks.com* and purchased books from *www.amazon.com*. But now we wanted to try something more ambitious. "How about using the Net to plan our vacation?" Fred ventured.

Our initial plan was to spend a [illegible] at the beach, so I logged on to [illegible] with the intention of quickly arranging a trip to a resort in Mexico. But then curiosity got the best of me. Where else could we go for the same amount of money? To find out, I logged on to the site run by Travelocity (*www.travelocity.com*), and within minutes had checked the airfares to more than a dozen destinations.

Surprisingly, the lowest fare I found for the dates we wanted to travel was between New York and Paris. After discussing it with my husband—via instant messages, of course—we booked the flight.

The next day, I posted a query on the "France" section of a travel message board on America Online. "Any suggestions for a family of four traveling to France?" I asked. A woman with kids the same age as mine E-mailed me links to sites that she'd found helpful when she was planning a trip. There, I was able to peer into hotel rooms, look at villas and cottages, check train schedules, read restaurant reviews. With *(continued)*



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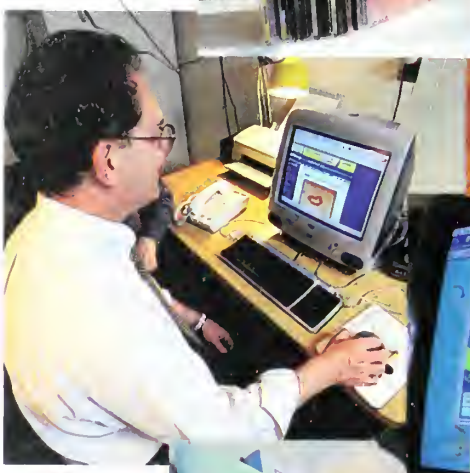
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Before buying CDs, Max reads cyber reviews

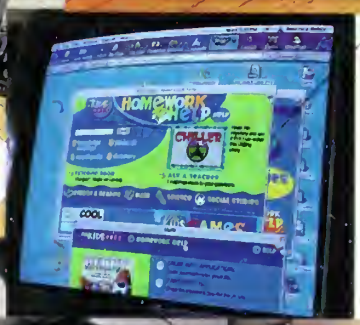
The family used the Internet to plan their vacation to France

Fred checks out a health Web site









Worshiping on the Web: Mary attended a virtual church service







Mary quickly discovers that shopping online—for groceries and clothes—is too time-consuming

Continued

the kids looking over our shoulders, Fred and I used the Internet to plan every detail of our vacation.

Not all of our online purchases proved so enjoyable or fruitful, however. I shopped for summer clothing on *www.landsend.com*, *www.jcrew.com* and *www.llbean.com*. But it took me far longer to call up pictures of the various items on screen than I ever spent leafing through a catalog—and more time to fill out order forms than to give the same information to a phone operator. I visited *www.gap.com* to look for shorts for Annie-Rose, but decided that it made more sense to go to our neighborhood Gap store so she could try them on.

One Saturday morning, I went grocery shopping on *www.netgrocer.com*, but ended up spending more ti and money than I ever did at m l cal supermarket—where I eventual had to go anyway to buy the perish ables (butter, eggs, etc.) the online r tailer didn't carry. It took me a bo hour to scan through all the ima and click on those that I wante though the prices were comparable t those in supermarkets, there was $ shipping fee. (Delivery fees vary fr $5.99 to $78.99 depending on h price of your order and what delive zone you live in.) But the biggest u advantage was that I didn't get m groceries until three days later. It m be a while before I push my shoppi cart down a cyberaisle again.

Information Overload

I also discovered that plenty of di gers lurk in cyberspace. *(continue*

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Continued

When I checked my children's E-mail, there were often messages telling them how to link into pornographic sites. Although they would need to enter credit-card information before they could see all the "action," the introductory pictures were disturbing enough. There was also easy access to sites about violence, devil worship and other dark subjects. Though Max promised me he wouldn't go to any such sites, I didn't trust that his curiosity wouldn't get the best of him. (Fred and I found a way, through America Online, to check which sites our son had visited, and we told Max that if he went anywhere we deemed inappropriate, he would lose his computer privileges.)

I was also troubled by the idea of living completely online. In many ways, the Internet has the effect of making the world curiously flat. A trip to an electronic library feels no different from a visit to an electronic supermarket. Planning a family vacation seems the same as researching a school term paper. Electronic conversation, for all its immediacy, lacks nuance and warmth. While I was chatting online with a friend in California recently, the phone rang. It was her. "I just wanted to hear your voice," she told me. And I knew exactly what she meant.

Its limitations notwithstanding, however, I have to confess that I've become an unabashed Internet addict. Just the other night, I spent a few more hours chatting yet again with Ally McBeal. I don't know exactly what drew me there—and kept me for a good two hours—but I don't regret that I found it a lot of fun. ●

Does your family spend a lot of time online? What are your favorite sites? How do you use the Net to solve problems? Meet other women just like you at http://www.lhj.com/livingonline, where you can exchange ideas and tips for navigating and having fun in cyberspace. See you at LHJ Online!

the dangers of cyberspace

As the Internet has grown, so have concerns about its safety. Here are three things to watch out for:

Fraud. **Credit-card theft on the Internet is not the problem consumers think it is, says Susan Grant, director of Internet Fraud Watch, a program operated by the National Consumers League, in Washington, D.C. In fact, most reputable businesses use sophisticated encryption programs that scramble numbers, making it impossible for outsiders to access anyone's account number.**

But consumers *should* beware of unsolicited pitches made by fly-by-night operations. Offers for work-from-home programs, investment opportunities and travel packages are particularly suspect. It's best to do business only with companies with well-established reputations.

Child Safety. **Children's chat rooms are a notorious gathering spot for unsavory characters, so kids should be taught to exercise caution online. According to the National Center for Missing and Exploited Children, in Arlington, Virginia, parents should instruct their children to never give out any personal information online; to notify a parent immediately if they are approached in a chat room by a stranger; and to never arrange a face-to-face meeting with *anyone* they first encounter online.**

Children using Internet chat rooms are also subject to unsolicited E-mail that provide links to pornography sites. Although posted warnings state that no one under eighteen should enter them, there is nothing on these sites to keep young kids from doing so. The major Internet access providers allow adults to put "parental controls" on their children's accounts. You can also buy software such as Net Nanny and Cyber Patrol to keep kids away from Web sites you don't want them to see.

Privacy Issues. **As you travel on the Internet, others have the technology to keep track of you. You reveal your E-mail address when you enter a Web site, your ZIP code when you look up a weather forecast, your consumer preferences when you shop.**

Privacy advocates are pushing for laws to protect electronic information, but no reliable safeguards are yet in place. —M.C.

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Lamplight Village

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By Catherine Fredman



HOW TO

BE AN EXPERT STARGAZER

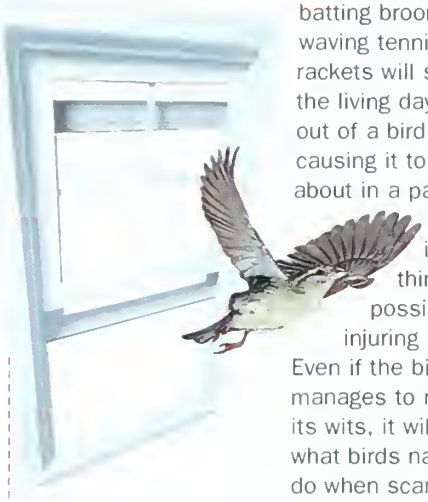
Even your typical eight-year-old can find the Big Dipper in the night sky. So if you really want to impress your friends with your astronomical abilities, you'll have to get a little fancy. You're in luck—August is a stellar month for stargazing, says Joe Rao, a lecturer at the American Museum of Natural History's Hayden Planetarium, in New York City. On a clear night, at around eleven P.M., the **Summer Triangle** will be directly overhead. While the Triangle itself isn't an official constellation, its top twinklers—**Vega, Altair** and **Deneb**—anchor three star clusters that are. Vega, a blue-white diamond that's easy to spot because it is literally the brightest star in the sky, is at the tip of the constellation **Lyre**, the harp. Altair, a little less bright and to the south of Vega, is the eye of **Aquila**, the eagle. Fainter still and off to the east, Deneb, which is Arabic for "tail," marks the rear end of **Cygnus**, the swan (also known as the Northern Cross, with Deneb at the top).

HOW TO

GET A BIRD OUT OF THE HOUSE

What should you do when a backyard bird barges into your bedroom? **Donald Bruns**, the head of ornithology (the study of birds) at New York's Wildlife Conservation Society, can restore natural order without ruffling anyone's feathers.

1 Confine the bird to one room, then open all windows and any doors leading outside to give the bird a chance to escape on its own. If the bird can't find an exit, wait until night.



2 Once it's completely dark in the room, the bird will settle down for the evening. Find its roost with a flashlight, then grab a towel and drape the bird in it. Carry the bundle outside to release the bird.

3 Above all, stay calm. Screaming, batting brooms and waving tennis rackets will scare the living daylights out of a bird, causing it to flutter about in a panic, banging into things and possibly injuring itself. Even if the bird manages to retain its wits, it will do what birds naturally do when scared: fly as high as it can and (grab some newspaper!) let loose.

HOW TO

SLICE A BAGEL

Hand cuts sustained in bagel-slicing mishaps are the stuff of legends in emergency rooms nationwide. To help you avoid your own Sunday morning misadventure (when these accidents tend to occur), we asked Richie Panio, a manager at New York City's Columbia Bagels, to share his pro technique. First, lay the bagel *flat*.

STEP ONE



Anchor bagel with palm of your non-cutting hand, fingers pointing up. Find the flat spot (so the knife won't slip) and slice halfway.

STEP TWO



Turn the bagel on its side; place your hand *above* the knife and finish slicing down vertically.

STEP THREE



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Harrison Ford, REGULAR GUY



Opposite page, clockwise from top left: "I make films that I think people want to see," said Ford, who has starred in such movies as *Star Wars, The Fugitive, Indiana Jones and the Temple of Doom, Sabrina, Air Force One, Force 10 From Navarone, Blade Runner, The Mosquito Coast* and *Working Girl*

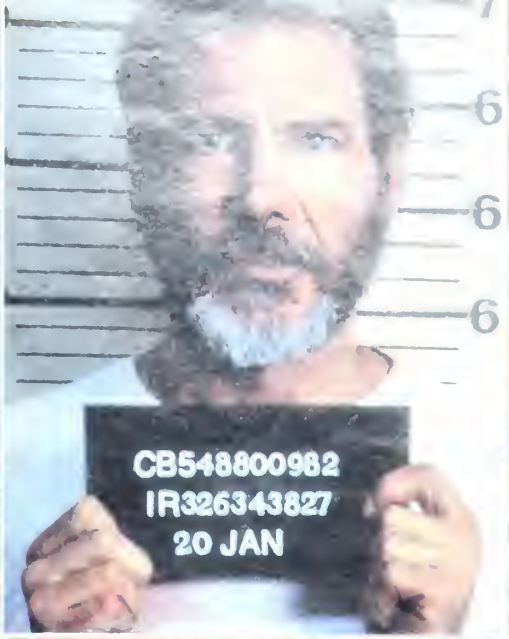
HE WEARS BRIEFS, NOT BOXERS. Don't ask how I know; I just do. (Trust me, it's not nearly as interesting as I wish it were.) His Central Park West apartment has floor-to-ceiling mahogany cabinets he designed himself. At the foot of his bed is a chest he built, out of which ingeniously rises a TV. True, the fact that the spices in his custom-built spice rack are alphabetized may seem to add a soprano note to this otherwise basso aria. But I would argue that Real Men Have Organized Kitchens.

And if there is one quality we love about Harrison Ford, it is just that. He is a Real Man, distilled to its craggy, laconic, imperfect essence. Everything on his face is just a little off-kilter: the broken nose, the scarred chin, the lopsided smile. His front teeth have been knocked out, thanks to his derring-do on a *Gunsmoke* episode twenty-five years ago. Without making a big deal about it—and without seeing the need to be steroidally buff and chronically shirtless—he does many of his own stunts. (Though he doesn't quite see it like that: "I don't do my own stunts," he has said. "I do my own acting.")

The $20-million-per-picture man has starred in seven of the thirty top grossing films of all time. He certainly understands why America goes to the movies. "I make films that I think people will want to see," he once explained. "People do want to see films . . . in which the protagonist overcomes odds, behaves correctly, outwits the bad guys and generally gets the girl." Yet he claims he doesn't understand his own power to raise female America's pulse rate. "Why this sudden outpouring for geezers?" he asked when told that, at fifty-six, he was chosen for *People* magazine's Sexiest Man Alive. "I never feel sexy. I have a distant relationship with the mirror."

But if we're charmed by his looks, we're poleaxed by his character—or at least the character he conveys in movie after movie. He is the most economical of action heroes, giving just enough of himself to save the free world while reserving his real energies for the woman he loves. "He feels like a real person," said Anne Archer, who played his wife in *Patriot Games* and *(continued)*




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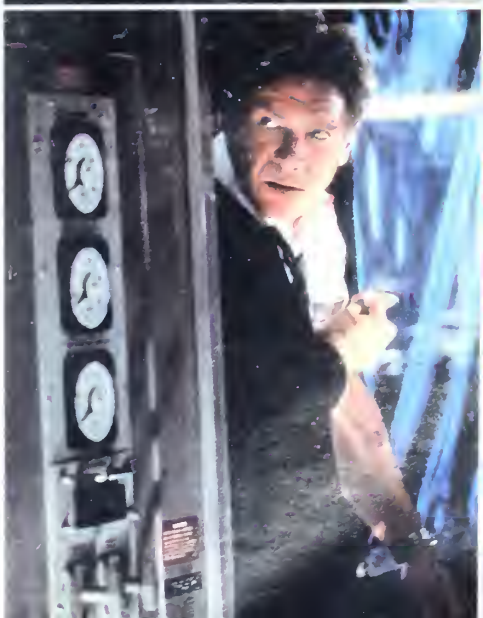












"WHY THIS SUDDEN OUTPO GEEZERS?" SAID FORD. 'I I HAVE A DISTANT RELATIONSH









Clockwise from top left: With wife Melissa Mathison; with son Malcolm; with nine-year-old daughter Georgia and her best friend; with his sons, Benjamin and Willard, promoting *Raiders of the Lost Ark* in 1981

He's tenacious and he's vul ble." What we see in Ha Ford is, in a way, an ide version of ourselves. He de look for trouble, but tru finds him—and in movieart movie, he deals with it as ly and nobly as he can.

When he's not busy playi cocky space jockey (Han S in *Star Wars*), CIA ana (Jack Ryan in *Patriot Ga* and *Clear and Present Dan* or President of the Un States (*Air Force One*), he' world's most perfect rea guy. When *Six Days, Se Nights* came out soon fte leading lady Anne Heche an nounced her relationship with Ellen De Generes, critics wondered whether hei on-screen romance could work. 'he needn't have worried. As one Fri lover put it, "Of course they had ch istry! If anyone could make a wom think twice about being a lesbian it Harrison Ford."

In all his films, Ford seems lik someone a woman could turn to no only for passion, but for safety. o know he's not going to betray h won't weasel out on his girlfriend his country. Like Gary Cooper, n even Humphrey Bogart before hi Harrison Ford is a do-right man do-wrong world.

Indeed, Ford is one of the rare act whose offscreen self seems to m seamlessly with his on-screen perso Not that we'll ever know for sure: He is one of the mo private and reticent of stars, and legendary among jou nalists as The World's Most Frustrating Interview. Wh asked about the breakup of his first marriage, he's be known to grin widely and reply, "It's none of your bu ness." Amicably divorced from his first wife, Mary A 1979 (they have two grown sons—Benjamin, thirty-tw a chef, and Willard, thirty, a teacher), he has been ha pily married for sixteen years to screenwriter Melis

(continued) Clear and Present Danger. "There's nothing that makes a man sexier to a woman than to realize that he's a good guy. Harrison's a very good guy."

Yet as action heroes go, he's a man, not a cartoon. "Snakes. Why'd it have to be snakes?" Indiana Jones mutters when he finds himself among the creatures he fears the most. "[Harrison] is not afraid to show his vulnerable side, and Indiana Jones is filled with vulnerability," said director Steven Spielberg. "But the character is also filled with tenacity. In a sense, that's who Harrison is as a person.

NG FOR
VER FEEL SEXY.
TH THE MIRROR"

ison. They and their children (Mal- , twelve, and Georgia, nine) divide time between New York and their -hundred-acre retreat in Jackson Hole, ming. Ford pilots his own planes as as a helicopter; he refuses to call him- n artist, but rather "a worker in a ser- industry." He doesn't even particularly novies.

wasn't always leading-man material. was born in 1942 in a solidly middle- Chicago suburb, the child of a home- er and an advertising executive. He skinny, awkward and shy, a target for es. "I wasn't too much of a wild child. ew my limits. And rarely exceeded ," he has said. At Ripon College, in consin, he majored in English but ked out just days before graduation. moved to Laguna Beach, California, in 4 to try his hand at acting, signing a n-year contract with Columbia Pic- s at $150 a week.

or a time, he ditched acting for work carpenter. (He built furniture, record- studios and decks for the likes of ncis Ford Coppola, Sally Kellerman Joan Didion.) Two years later, he re- ied to acting, and landed the role of cruiser in the white cowboy hat in orge Lucas's 1973 classic, *American ffiti*. But the role that put him on the was Indiana Jones in 1981's *Raiders he Lost Ark*. There were a couple of ssteps since then, including *The squito Coast* in 1986, and the troubled id Pitt vehicle, *The Devil's Own*, in 97. But they were drops of water in an an of hits: *Return of the Jedi*, *Indiana es and the Temple of Doom*, *Presumed In- ent*, *Patriot Games*, *The Fugitive* the goes on and on.

These were the films that made him the n all American men wanted to be. I n't know the exact definition of 'a guy's y' anymore. I guess it's someone who 's, 'Take what you get—warts and all.' rd once mused. *(continued on page*













THE BOYS OF SUMMER

THE OTHER ACTORS, SINGERS, WRITERS AND ATHLETES LOOKING TO BRING YOU SOME SIZZLE THIS SEASON

In the movie *Eyes Wide Shut* (Stanley Kubrick's last film before his death), thirty seven year old Tom Cruise makes love with his naked, real life wife, Nicole Kidman. Do you really need to know much more to hightail it to the movie theater?

As the star of the biggest film of the year—*Star Wars Episode One: The Phantom Menace*—the force is definitely with Neeson, forty-seven.

He's turning fifty this year, so maybe he's finally old enough to be called "The Boss." But if there's ever a midlife crisis people will pay money to see, it's this one: For the first time in twelve years, Springsteen and his E Street Band are reuniting for a world tour.

Last year, they broke the all-time record of sixty-one home runs in a season, and fans and press alike credited them for reinvigorating baseball. For St. Louis Cardinals first baseman Mark McGwire, thirty-five, or Chicago Cubs right fielder Sammy Sosa, thirty, the toughest act to follow is their own.

Baseball will deliver you. This, at least, is the premise for Stephen King's summer best-seller *The Girl Who Loved Tom Gordon*, about a young girl who gets lost in the woods and is comforted by her spiritual connection with a relief pitcher for the Boston Red Sox.

Fava beans and a little Chianti are on the menu this summer, when Harris unleashes *Hannibal*, the long-awaited sequel to his 1988 novel *The Silence of the Lambs*. The further adventures of cannibalistic serial killer Hannibal Lecter merit the printing of 1.2 million copies—unprecedented for a first run on a hardcover novel. Anthony Hopkins and Jodie Foster, stars of the movie version of *The Silence of the Lambs*, have already tentatively signed on for *Hannibal*, the film.

—J.N.

Do you think he's SEXY?

WE ASKED THREE WOMEN TO CHECK OUT FIVE MEN FROM ACROSS THE COUNTRY. HERE, THEIR VERDICTS. BY DEBORAH PIKE

THE PANELISTS



Lisa Sommer, 3 full-time mothe of Andrew, 1; lives in Larchmont, New York



Ann Zeiler, 38, bank vice-president; moth of Kiley, 7, and Will, 6; lives in Wilmette, Illinoi



Jill Davis, 36, university research nurse; mother of Jack, 4, and Charlie, 3 lives in Los Angeles



JON ARVIK, *33, computer systems specialist, Dallas, Texas; single.* ***How he describes himself:*** *spontaneous, personable, funny.* ***Favorite pastimes:*** *riding his mountain bike, tennis, swimming.* ***Life motto:*** *"Nic guys finish first."* ***Where he shops:*** *Nordstrom, Stein Mart.* ***His ideal w*** *sense of humor, honest.*

HIS STYLE

Lisa: "His shirt is too loud; it says, 'Look at me.'" **Ann:** "He looks like *CHiPs* highway patrolman. He shouldn't wear the white undershirt; it do go with what he's wearing. I'd put him in an oxford and khakis." **Jill:** "H such a clean-cut pretty boy. My husband had shirts like that when I me but now they're out of here. He should wear a solid-color shirt."

HIS BODY

Lisa: "He has a solid physique." **Ann:** "He doesn't have wide enough shoulders for me. Also, I don't think he's tall." **Jill:** "He's very athletic."

MARRIED OR SINGLE?

Lisa: "Single; it looks like he's still finding himself." **Ann:** "Single." **Jill:** "Single, because he looks like a party guy."

HIS PERSONALITY

Lisa: "He's a smooth talker." **Ann:** "He looks overconfident and a little reserved." **Jill:** "He might be arrogant, but I bet he's fun."

HIS OCCUPATION

Lisa: "A bartender." **Ann:** "A model or actor." **Jill:** "A restaurant manag

WOULD SHE DATE HIM IF SHE WEREN'T MARRIED?

Lisa: "No; he looks like he might lack ambition." **Ann:** "I'd go on one da with him because he's pretty, but I wouldn't end up with him." **Jill:** "Yes probably no more than one date."

His response: *"The women are right: I do wear this shirt so that I stand a crowd. I want to let women know that I'm available. When I wear an o and khakis, I'm not as noticeable."*

IAEL PEARSON, *34, insurance broker, New York City, single*

e describes himself: open-minded, focused. Favorite pastimes: golf, g the drums. Life motto: "Work hard, play hard." Where he shops: r's; uses an image consultant. His ideal woman: sense of humor, ad.

YLE

He looks like an investment banker. He's out to make an impression. e away his cell phone and put a smile on his face." Ann: "He's got ? look, with the blue shirt and solid tie. I'd button the second button suit jacket." Jill: "He's trying to be trendy. I'd unbutton the suit and get rid of the feminine briefcase."

DY

He looks like he goes to the corporate gym on his lunch hour." He's in control of his appearance. He's in shape." Jill: "He's thin; ds to work out more."

ED OR SINGLE?

'Single. If he were married, he wouldn't care so much about his ." Ann: "Single." Jill: "Single, because he's too busy to get involved."

RSONALITY

'He's a fast-talker, and he's tough and demanding." Ann: "Type A. robably a nice, dependable friend." Jill: "He's possibly self-centered, 's very smart."

CCUPATION

'An investment banker." Ann: "An investment banker." Jill: "A studio tive in the entertainment business."

D SHE DATE HIM IF SHE WEREN'T MARRIED?

'No, because I wouldn't trust him." Ann: "No. He doesn't look like he uch fun outside of his job." Jill: "No, because he would talk about lf all night."

esponse: "I'm surprised the women said I look like a stuffy investment er, because I'm personable and not at all uptight."





MARK SCHULTZ, *37, boatbuilder, Anchorage, Alaska; married.*
How he describes himself: an extrovert, straightforward. Favorite pastimes: boating, playing guitar. Life motto: "Be yourself." Where he shops for clothes: Army-Navy store, Nordstrom. His ideal woman: intelligent, honest, energetic.

HIS STYLE

Lisa: "He's got that wholesome all-American look. It's appealing, but I'd shave his mustache." Ann: "He pays attention to how he looks. His shirt collars are tucked in, and he's wearing a high-end jacket. But I'd lose the boots; they look incongruous with his outfit." Jill: "There's nothing slick about him. His cable-knit sweater is dated, but the boots are cute."

HIS BODY

Lisa: "He's rugged." Ann: "He's in shape, because he probably has an outdoor job." Jill: "He's a big, strong guy; he's got nice shoulders."

MARRIED OR SINGLE?

Lisa: "He's definitely married, because he looks like he's found happiness." Ann: "Married. He looks like someone who values a long-term relationship." Jill: "Married."

HIS PERSONALITY

Lisa: "I bet he's warm and friendly. He's probably a good storyteller." Ann: "He's friendly, gregarious and laughs easily." Jill: "He probably has a smart answer for everything."

HIS OCCUPATION

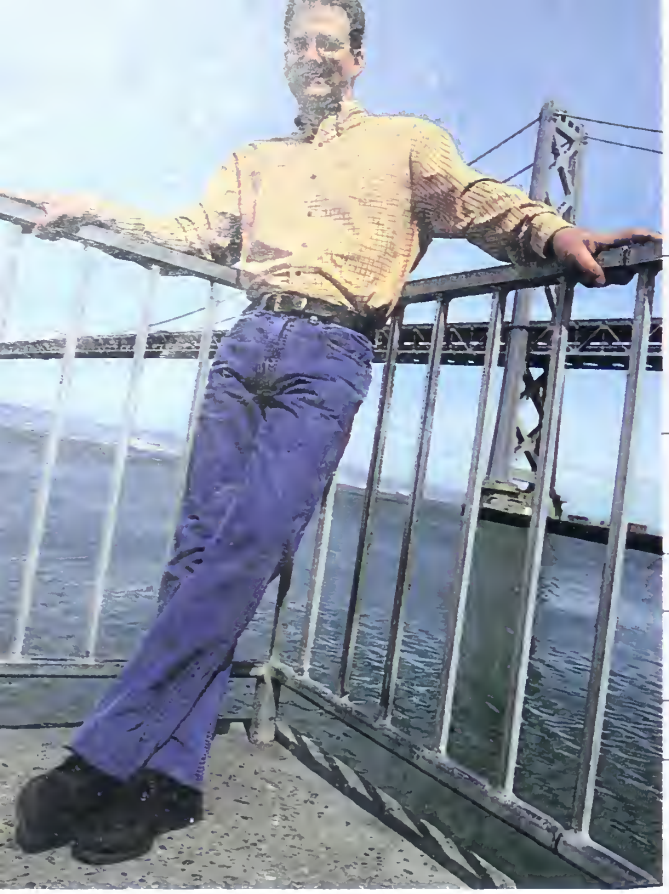
Lisa: "A charter fisherman or hiking-tour guide." Ann: "Runs a commercial fishing fleet." Jill: "A sporting-goods salesman."

WOULD SHE DATE HIM IF SHE WEREN'T MARRIED?

Lisa: "Yes, if I were five or six years older." Ann: "Yes. He looks like my husband." Jill: "Yes, if he trimmed his mustache."

His response: "A lot of the women's statements are accurate. For one thing, I love being married. And I do enjoy good stories."

▶



DOUG PAGACZ, *32, freelance illustrator, Benicia, California; married.* ***How he describes himself:*** *reserved, funny, creative.* ***Favorite pastimes:*** *drawing and painting, taking long hikes with his wife.* ***Life motto:*** *"Live every day using your head and your heart."* ***Where he shops:*** *Macy's, Marshall Field's.* ***His ideal woman:*** *outgoing, thoughtful, creative, laughs at his jokes.*

HIS STYLE

Lisa: "Did he press those jeans? If so, I have no respect for him." **Ann:** "His shirt is too nice for the jeans; they don't go together. I'd have him wear a more casual shirt. Also, I think he could try tortoiseshell-rimmed glasses." **Jill:** "He's well put-together, but his jeans are a little tight around his hips."

HIS BODY

Lisa: "He's too skinny; I bet his waist is smaller than mine." **Ann:** "He looks like he runs a lot; he's probably a marathoner." **Jill:** "He's the healthy. I bet he has a rippled stomach and big shoulders."

MARRIED OR SINGLE?

Lisa: "Single." **Ann:** "Single." **Jill:** "Single."

HIS PERSONALITY

Lisa: "I bet he's a jokester; he has that fun-loving look." **Ann:** "He's warm, considerate and happy." **Jill:** "He's nice, sharp and witty."

HIS OCCUPATION

Lisa: "A student or author." **Ann:** "A writer." **Jill:** "A computer geek."

WOULD SHE DATE HIM IF SHE WEREN'T MARRIED?

Lisa: "No, but I'd turn to him for advice about my love life." **Ann:** "No, I like bigger men." **Jill:** "No. He'd be my dinner and theater buddy."

His response: *"I was surprised that two of the three women guessed I'm in a creative field. Most people don't think I'm in that line of work because I dress fairly conservatively."*

EDDIE CHAPMAN, *36, police officer, Chicago, Illinois; married, father of Kendra, 8.* ***How he describes himself:*** *an extrovert.* ***Favorite pastimes:*** *basketball, reading.* ***Life motto:*** *"Try everything once."* ***Where he shops:*** *Carson Pirie Scott.* ***His ideal woman:*** *fun-loving, adventurous.*

HIS STYLE

Lisa: "His watch stands out; it's beautiful and expensive. He's worked hard, earned well, and now he's spending money on himself." **Ann:** "He looks like he's meticulous about his appearance. Still, I'd have him grow in his goatee and mustache. If a man is going to have facial hair, it should be filled out." **Jill:** "He's a dressin' kind of guy, but his tie looks like a snake. I'd give him a solid tie or one with a smaller, more muted print."

HIS BODY

Lisa: "The most appealing thing about him is his build; he's got a full upper body, which gives him the image of a protector." **Ann:** "He looks like an athlete." **Jill:** "He's a little chunky."

MARRIED OR SINGLE?

Lisa: "Single; he's waiting for the right woman." **Ann:** "I'd say he's married because of the neighborhood he's in." **Jill:** "He's engaged, because he looks too young to be married."

HIS PERSONALITY

Lisa: "He looks like a solid citizen: honest and hardworking." **Ann:** "He's dependable. He's friendly, but not overly approachable." **Jill:** "He's funny but a little reserved. He's also close to his mom."

HIS OCCUPATION

Lisa: "Real-estate sales." **Ann:** "Computer sales." **Jill:** "Automobile sales."

WOULD SHE DATE HIM IF SHE WEREN'T MARRIED?

Lisa: "Yes; he's probably the kind of guy who would insist on paying for the date." **Ann:** "Yes; he seems nice." **Jill:** "No, but I'd let him baby-sit my kids."

His response: *"The women were right on many counts: I'm stable, I work hard and I'm athletic."*



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It's hard to spot what Jennifer considers her flaw



Sharon takes an up-front approach to her problem

"SHHH, I'VE GOT A

CALL IT A LITTLE WHITE LIE, CALL IT A SCANDALOUS
SOMETHING ABOUT THE WAY THEY LOOK. CAN YOU



SECRET"

BEAUTY COVER-UP—THESE FOUR WOMEN ARE HIDING
TELL WHAT THEY'RE PUTTING OVER ON US ALL?

"I HAVE LOADS OF FRECKLES"



"When I was growing up, m friends and I used to joke ta one summer m freckles would completely fill and I'd finally have a great tan," says Jennifer Teitle twenty-nine, a public-relations supervisor.

"I know that because I'm a redhead, it's expected that I woul have at least a couple of freckles, but I've really always *hated* them. So, I aim for about ninety percent coverage, using a light cream makeup [Bobbi Brown stick foundation in Sand] with a little powder to set it. Or, for the summer, I'll use self-tanne to blend the freckles better and add a bronzing powder t even out the tone and camouflage them even more."



"I'M A 36DD"

"I've been all different weights—from a size 6 to a size 14—but my bra size has always stayed the same no matter what the scale read," says Sharon Metz-Rosenthal, twenty-eight, an attorney.

"Being busty runs in my family; in fact, my mom has always had her bras specially made for her. I knew early on that I would follow in her footsteps when I got my first bra at age twelve—it was a 34C.

"Now, as a trial attorney, I dress to camouflage my chest. I wear structured suits in darker colors, and pullover tops rather than button-down shirts, which always end up with huge open gaps.

"But my real trick is hidden underneath it all: I wear a super-minimizer bra [Lilyette style #0418, above right] for support and anti-bounce protection. It really works!"





"I'M REALLY A BRUNET"



"My natural color is dark brown, so that makes keeping up with growing in roots a bit of a challenge. I retouch them every four weeks and get highlights every eight weeks.

"Because my hair



To keep the blond illusion going, I lightened my eyebrows, too, and changed my lipstick to paler neutrals like MAC's Frolick shade.

"Going from brunet to blond is definitely not what I'd call low maintenance, but for now, I am having fun with it."

MY HAIR IS SUPER-CURLY"



's not that I n't stand all e curls, but earing my ir straight st makes e feel more olished and ophisticated," ays Mandi yler, twenty- even, a agazine account manager.

"It takes me a good half our with the blow-dryer and big round brush to stretch ut all the curls. And one ing I'm never without is hytodefrisant relaxing alm—it's every bit as nportant to my daily orning routine as oothpaste.

"I have to say, no ne—not my friends, ot my co-workers—has clue that I have really urly hair. My boyfriend idn't even know—well, or a few months anyway. But I guess everyone will nd out now!"







"WHAT AM I GOING TO WEAR?" IS A QUESTION THESE WOMEN NEVER ASK. WHEN IT COMES TO GETTING DRESSED, EACH ONE FOLLOWS HER OWN SIMPLE PLAN

"THE LO

BY LOIS JO JOHNSO

A ladybug scarf adds a dash of dress-up color; by Echo, $18





A black leather jacket is Minnie's go-everywhere topper for jeans; by Club Monaco, $459

Suede sandals like these by Hush Puppies, $60, take jeans out on the town



Faded denim boot-cut jeans are the new classic; by Old Navy, $29.50



A red bag makes for a look as all-American as blue jeans themselves; by Coach, $278





Trendy lavender lenses lend a quick shot of sophistication; by Enzo Angiolini, $34



Casual accessories keep Minnie on the go in style and comfort; cK Bags bodybag, $78; Nike Air Terra sneakers, $70



JUST JEANS

Minnie Cho, thirty-two, is a graphic designer whose number-one wardrobe priority is comfort. "I'm lucky that because I work at home, I can wear jeans all the time," she says. "I have a million pairs in every style, from light-denim boot-cut to dark straight-legged cuffs. Depending on the style, a simple white shirt dresses jeans up or down. When I meet friends for a night on the town, I throw on a tailored leather jacket. Jeans are not only comfortable, they're also a neutral basic—I change the look easily by just pulling out a different bag or shoes."

OK I LIVE IN"



Dotti's selection of necklaces, earrings, bracelets, and rings: pendants (back), $25; pendant, $18; bracelet, Monet

A pink tailored shell keeps Dotti's look cool on hot days; Benetton, $48

Suede platform slides help the look relax; Hush Puppies, $60

A boat neck top like this can step up her style or go casual; Ann Taylor Loft, $24

A roomy messenger bag keeps up with weekend errands; Unlisted by Kenneth Cole, $38

The elements of relaxed style: Dotti trades the dark skirt for a khaki cargo one (Guess, $59), and adds a sleeveless turtle (cK, $128) and denim jacket (Gap, $38)

SKIRTING THE ISSUE

Dotti Lawrence, twenty-six, an administrative assistant, built her wardrobe plan around the legs she never shows. "They're really pale, and just not my best feature," Dotti says. So her style solution started from the bottom up, and her wardrobe staple is the long skirt. "I think it looks neat and professional with a silk twinset and strappy sandals. It's much cooler than a short skirt and hose, and in winter, it's more comfortable and dressed up than pants."



A structured Kelly bag gives Barbara's suits a more classic look; by Focus Paris, $170



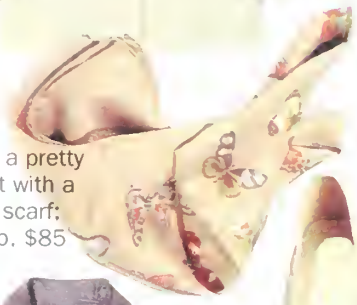
A shirt of a different color stretches one suit over several days; blue shirt, Club Monaco, $79; pink shirt, Liz Claiborne, $54



Simply tying a sweater over a jacket changes the look; Banana Republic jacket, $228; French Connection sweater, $58

SUITING UP

For Barbara Milberg, thirty-four, the perfect wardrobe begins and ends with the pantsuit. "Working as a fashion production assistant, I want to look put-together every day, but I don't have a lot of time to fuss in the morning. No one ever notices if I wear the same suit two or three times in one week. The key is to substitute colors and styles—a sweater for a shirt, a black bag for a brown one, a turtleneck instead of a scoop. It's so easy."



Add a pretty print with a silk scarf; Echo, $85





Patent-leather toes step out in high style; French Sole, $80



When the jacket comes off, a structured shirt in a neutral basic subs in; K-189 by Daryl K., $154



Fill in the neckline with a mock turtle; Three Dots, $54

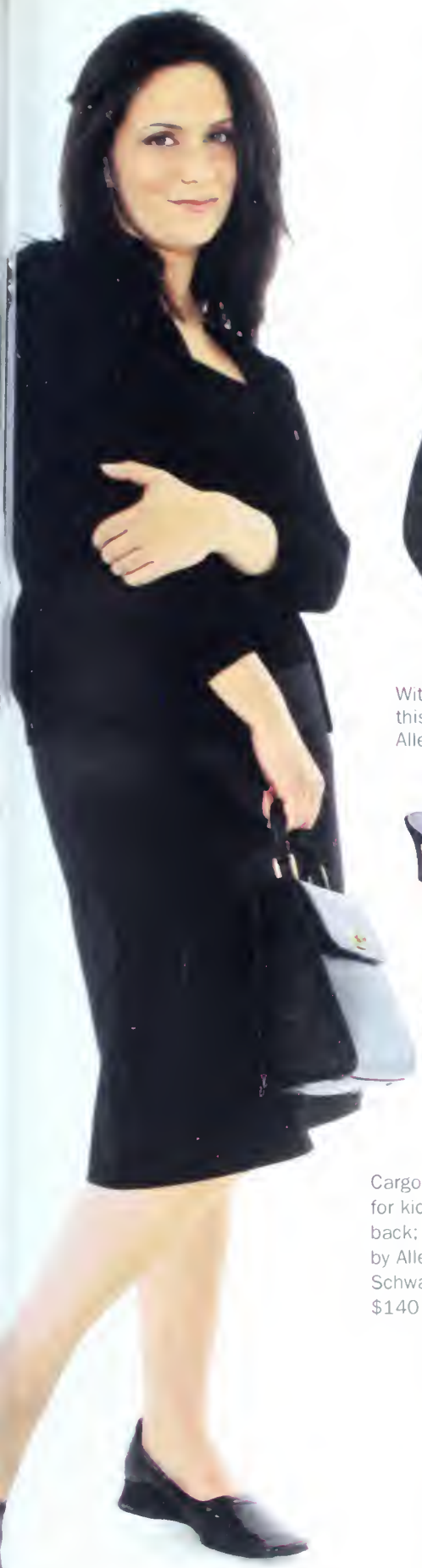


A black sling bag loosens up a tailored silhouette; Banana Republic, $75



THE LITTLE BLACK WARDROBE

Dana Wexler, [illegible] twenty-something [illegible] stylist, [illegible] the hassle out of getting dressed by pairing mostly black pieces. "Black gives me an instant modern look. It works for both day and night, and it's slenderizing. Sometimes I [illegible] neutral accessories to warm things up. I'm not at all going for [illegible] arty, so [illegible] the look. I just like simple, streamlined pieces, and, really, a wardrobe like this makes getting dressed every day a no brainer."





With zip-front styling and a funnel neckline, this jacket adds trendy polish; A.B.S. by Allen Schwartz, $160



A beige bag lightens everything up. Coach, $348



The choice of shoes instantly changes Dana's look; black mules, Sam & Libby, $45; leather slides, Coach, $109



A slipdress expands Dana's wardrobe options; Benetton, $88



Cargo pants for kicking back; A.B.S. by Allen Schwartz, $140



The turtleneck sweater adds casual ease to every piece here; Erik Stewart, $50



When an unwed teen confides to her mother that she's pregnant, they may not always agree: Is the best solution abortion, adoption or parenthood?

This month, LHJ is introducing a new column called "Real Solutions" that shows how three women solved the same problem in very different ways. This story is the first in our series

MOM, I'M PREGNANT"

WHEN YOUR DAUGHTER IS A TEENAGER AND UNMARRIED, THESE ARE THE THREE WORDS YOU PRAY YOU'LL NEVER HEAR. YET IN 1996 ALONE, THE MOST RECENT YEAR FOR WHICH THERE ARE STATISTICS, ROUGHLY 880,000 TEENS IN THE U.S. BECAME PREGNANT. HERE, THREE MOTHERS' STORIES

BY CYNTHIA HANSON

"I DON'T WANT YOU TO HAVE THE LIFE I DID"

Sharon Tompkins had high hopes for her firstborn daughter. An excellent student, Nicole was accepted at three colleges by the winter of her senior year. "I wanted Nicole to have the option to be whatever she wanted to be," says Sharon, forty-one, of Hatboro, Pennsylvania. "In my mind, no college meant no future."

Actually, Sharon didn't want history to repeat itself. In 1975, she conceived Nicole on the night of her boyfriend's senior prom. The couple married that summer, and Nicole was born three days after Sharon's eighteenth birthday. Twenty months later, Michele came along; within a year, the couple separated. They soon divorced.

Sharon loved being a mother, but loathed the financial struggle of single parenthood. (She later married again.) "Until now, I never had a job where I commanded respect," says Sharon, an operations coordinator for a rehabilitation center. "I made ends meet by waiting tables. It hurt me not to be able to give my kids the best."

In 1993, when Nicole turned seventeen, Sharon put her on the Pill. Nicole had been dating the school's star football player for years, and Sharon wanted her daughter to be protected in case she became sexually active. "I never told Nicole not to have sex, but we discussed the consequences," she says.

Within a year, Nicole went off the Pill without telling her mom. (She later claimed it made her moody.) Around Nicole's eighteenth birthday in February, Sharon suspected that her daughter might be pregnant. "She looked and acted the same, but in *(continued)*



(continued) my gut, I just knew," Sharon explains.

Still, Nicole denied it. It wasn't until March that Shar got the news she'd dreaded. Sharon and her daughters we in a restaurant, eating dinner. "Nicole, when are you going tell me that you're pregnant?" she blurted out.

Nicole and Michele exchanged nervous glances.

"That's it," Sharon whispered. "You are." Nicole shrugge

Sharon bolted out of the restaurant. She sat in the ca sobbing and pounding the steering wheel. "I saw Nicole r peating my own life," she recalls. "I kept thinking, She throwing her life away. She's not going to college."

Later, Sharon begged Nicole to get an abortion—th choice made by 35 percent of pregnant teens. "If she ha decided to place the baby for adoption, I would have raise [the baby] myself. I admire women who are strong enoug to do it, but I didn't see adoption as the solution. For th rest of Nicole's life, she'd look into the eyes of stranger and wonder, Is that my baby?"

Nicole refused to discuss her options. As the week wore on, Sharon pleaded with her to go to an abortio clinic and talk with a counselor.

And then Sharon had a change *(continued on page 158)*

"I SAW NICOLE REPEATING MY OWN LIFE. I KEPT THINKING, SHE'S THROWING HER LIFE AWAY. SHE'S NOT GOING TO COLLEGE"

"MY MARRIAGE WAS BREAKING UP AND NOW THIS"

On December 31, 1997, Jan Paxton, of Zion, Illinois, was eating a sandwich when her fifteen-year-old daughter sat down beside her. By the expression on Krystle's face, she knew something was wrong.

"Mom, remember when you said you'd put me on the Pill if I were sexually active?" Krystle asked.

Jan froze. Krystle had been dating Matt* for nearly two months.

"Are you pregnant?" Jan asked.

"I'm late."

Jan gave Krystle a home pregnancy test. "When the result was positive, I was so mad that I called her a few choice words and stormed out of the house," recalls Jan, forty-four, a scheduling coordinator at an employment agency.

Although Jan was against abortion, she thought it was the only choice. "First, I didn't think Krystle could emotionally handle a pregnancy," Jan explains. "Second, Krystle was bulimic, and I feared it would harm the baby."

She also didn't want her husband, Ted, to know about the pregnancy. Their marriage was on the rocks, and she worried that the news would cause even more tension.

Both Jan and Matt tried to convince Krystle to end the pregnancy, but she wouldn't consider it. "I won't kill an innocent child," Krystle said.

At that point, Jan told Ted the truth. "He was so upset that he didn't speak to Krystle for almost a month," says Jan, now divorced from Ted.

Then, suddenly, Krystle took control of her bulimia and started eating right. In February, she contacted a Chicago-area adoption agency and began interviewing prospective parents. Jan, herself an adoptee, began to come around. "My birth mom did right by me, because I've had a wonderful life," she says.

Krystle opted for a form of open adoption, which would enable her to stay in touch with her child through letters, phone calls and visits. For the adoptive parents, she chose two married social workers. "Krystle fell in love with Toni and Tim," says Jan.

Indeed, Toni stayed by Krystle's side throughout the difficult pregnancy. (Krystle was confined to bed rest by her second trimester because of a chronic urinary infection.) When tests showed that the baby was a girl, they agreed on the name "Abigail Rose."

Jan was thrilled that Krystle had Toni by her side. "Krystle's friends disappeared when she got pregnant. And at a support group for pregnant girls at her school, Krystle was the only one who had chosen adoption." (Statistics on the number of teenagers who place their babies for

*Names and some details have been changed.

ption are not available; however, the National Council for Adoption estimates that only eight percent of pregnant women do so.)

Actually, the adoption wasn't yet a done thing. For six weeks, they waited for Matt, who had broken up with Krystle, to sign the adoption papers. Finally, he complied, clearing the way for the adoption. On September 1, 1998, Abigail Rose came crying into the world, weighing ten pounds, 11 ounces. "Here's the little girl Krystle and Jan had been waiting for. Every Krystle said, 'Abby.'

At first Krystle signed the papers. "I wanted to change my mind. Don't do it!" she says now. "We were both crying. But I knew Abby would have a better life with Tom and Dan."

Today, Krystle is a seventeen-year-old high-school senior. She lives with her mom and plans to attend culinary school. Says Jan: "Krystle wants Abby to be proud of her." Every two or three months, Jan and Krystle visit with Abby, now eleven months old. Abby will be told that Krystle is her biological mother when she's old enough to understand. Matt, who was out of the picture for a while, has recently expressed a wish to see her.

"Krystle misses seeing Abby grow up each day," Jan says. "But we're thrilled that Abby is happy, and we're glad to be a part of her extended family. I know we did the right thing."

OW COULD YOU?"



r as long as she can remember, Elizabeth* has been pro-choice. Though she came of age in the sixties, before abortion was legal, Elizabeth knew that her parents, a lawyer and a psychologist, would support her decision to get an abortion if she ever got pregnant accidentally.

"My mother pretended I didn't have sex when I was in college, but she'd speak in hypotheticals," recalls Elizabeth, now a lawyer in San Francisco. "She'd say, 'If you ever get pregnant, let me know because abortions are legal in Sweden.'"

Not surprisingly, Elizabeth passed on to her daughter, Helen*, her belief in a woman's right to choose. "Women in my generation fought hard to make abortion legal," says Elizabeth.

In high school, Helen attended an all-girls' school. Figuring that she would start dating in college, Elizabeth put Helen on the Pill at the beginning of her freshman year.

"It doesn't make any sense to say, 'Don't have sex,'" says Elizabeth, then forty-seven. "I wanted her to be protected."

As her mother expected, Helen soon found a steady boyfriend. But several months later she stopped taking the Pill because it made her feel ill.

That summer, when she missed her period, a terrified Helen took a home pregnancy test—and told her mother.

"I need to see Dr. Morgan*," Helen said. "I think I'm pregnant."

Elizabeth tensed. "What happened to your birth-control pills?"

"I went off them. They were bothering me."

"How *could* you?" Elizabeth shouted.

The next day, Elizabeth took Helen to the doctor for a blood test. Before the results were even back, Dr. Morgan suggested that Helen consider a medical abortion—then a new procedure—which is performed in the very early stages of pregnancy. An injection is given to cause the lining of the uterus to break down. A few days later, a vaginal suppository is administered to trigger contractions; a menstrual period follows.

"I thought a medical abortion would be less traumatic because there wouldn't be tubes or a suction," says Helen.

From the start, Elizabeth expected that her daughter would have an abortion. But if Helen chose to continue the pregnancy, Elizabeth decided that she'd raise the baby with her second husband. "I couldn't imagine Helen giving the baby up for adoption," Elizabeth says. Nonetheless, she told Helen that she'd support whatever decision she made.

"Mom, I want to finish college," Helen replied. "I want a career. I'm not ready to be a mother."

A day later, the test results confirmed that Helen was three weeks pregnant. Her boyfriend supported her decision to have an abortion. Helen confided in her brother, but didn't tell her father and stepfather.

Elizabeth was at Helen's side during the sonogram to determine the size of the embryo. "It was the size of my pinkie nail," Helen says. "I didn't consider the cells a baby, but I did feel sorrow about the loss of potential life." *(continued on page 158)*

WHAT DO YOU THINK?

Do you agree with the decisions that these mothers and daughters made? What would you do differently? Visit LHJ's Web site at www.lhj.com/solutions to join our online discussion group on teen pregnancy.

A CO

THAT BEACH HOUSE YOU'VE DREAMED ABOU



TAGE BY THE SEA

HEREVER YOU LIVE, YOU CAN CAPTURE THE SAME TAWAY FEELING

PRODUCED BY KIMBERLIE A. WAUGH



SANDY AND STEPHEN Arterburn love to travel, and they yearned to live in a house "that made us feel as though we were always on vacation," says Sandy. Two years ago, they found just the place: a 1928 Laguna Beach, California, bungalow, surrounded by gardens and overlooking the Pacific Ocean. Intimate rooms, expansive picture windows and original oak floors gave the bungalow the charm and freshness of a classic beach cottage. In furnishing the 1,700-square-foot space, Sandy drew on many of the hallmarks of cottage style: white linen curtains on iron rods, flea-market finds, many welcoming places to sit. But she has also mixed in French and English antiques and quirky collections—turn-of-the-century mercury (silvered) glass, Hawaiian artifacts, shells and sand from family trips—to give the home her personal stamp. Here are some of her other secrets for interpreting the cottage look.

Be selective. Displaying well-loved objects is a key to cottage style—but you have to be judicious. Since the bungalow is half the size of the Arterburns' previous house, Sandy had to prune not only her furniture but her collections—even her beloved Hawaiian art and memorabilia, which includes everything from airbrush paintings to *(continued)*

Dominated by white and warm wood, the sunlit living room has a rustic charm and a simple serenity—plus an amazing ocean vista





To frame her collection of mercury glass, above, the homeowner mounted vintage handkerchiefs inside a pretty wooden tray. In the living room, right, graceful patio furniture pieces in a windowed corner bring the outdoors in; the cabinet shows off china with a Hawaiian floral motif, as well as English dinnerware and Roseville pottery



(continued) memento pillows. "It was hard to let go, b if there's too much going on in a room, you fe crowded—you can't enjoy the airiness of the place. S I kept only those things I was most passionate ab and sold the rest."

The say-no-to-clutter approach extends to where a how objects are arranged. "I don't cover every surfa and I don't just put pieces randomly here and there choose display areas and group specific pieces from a c lection together."

Shop for comfort and ease. The living-room sofas a down-filled and slipcovered in washable linen so t whole family—including the Arterburns' dog, cat a eight-year-old daughter, Madeline—can relax there. T kitchen has been updated with a professional-style refr erator and range, as well as s stacking stainless-steel wash and dryer; no fighting with te peramental period appliances.

Experiment with texture. Sis rugs, distressed wood and ir furniture, natural fabrics ar several laundry baskets create a appealing interplay of contras ing surfaces.

Open up the space. Rooms a small enough to be cozy bu never feel cramped, thanks t doorless doorways between li ing and dining room, dinin room and kitchen, family roo and hallway.

Keep background colors simpl Walls in the public rooms are painted warm white an cream; the master bedroom is soothing celadon; the child room a gentle pink. The serene backgrounds don't compet with the dramatic views, or with the treasured furnishings.

Bring nature inside. Not only do the generous window make the living space feel like part of the *(continue*

Hallmarks of the Style

WHAT DEFINES THE COTTAGE LOOK? ROOMS WITH A GRANDMOTHERLY SIMPLICITY THAT PROUDLY WEAR THE PATINA OF TIME. HERE ARE SOME OF THE STYLE'S OTHER BEAUTIFUL TRAITS:

- Wainscotting or beadboard paneling on walls, particularly in kitchens and baths, usually painted
- Exposed beams traversing vaulted ceilings
- Hardwood floors, stained dark or light, or with geometric painted designs
- Unmatched seating in the dining room as well as in other public spaces
- Solid-color area rugs, particularly of rustic natural fibers like sisal
- Lots of open shelving and built-in cabinetry
- Pure, pale palettes, with solid-colored fabrics on major furnishings

The ukulele collection holds a place of honor over the family-room doorway





In the master bedroom, a French armoire and an American cedar chest—the latter found in a junkyard and refinished—make up for the bungalow's lack of built-in storage. Silvered glass lamps give the bedside tables a touch of elegance

(continued) garden; live plants, shells, floral fabrics, prints of tropical flowers, even patio furniture used indoors, all make nature a significant part of everyday life. One offbeat natural element is the collection of sand in the bathroom, commemorating the Arterburns' travels to the Bahamas, Fiji and other exotic destinations. Sandy poured the sand into vintage jars bought cheap at flea markets, then labeled each jar with the name of the beach where the sand was gathered. "I love that collection," says Sandy. "It's simple and interesting and says a lot about us"—just like the cottage itself.

—Janet Bailey

The bathroom looks out on a garden overflowing with nearly one hundred rosebushes; the family's beach-sand collection is displayed on a towel stand





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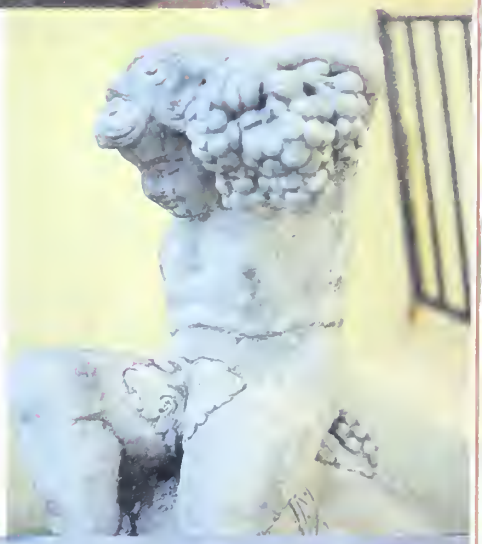
A favorite from Italy, Orecchiette with Shrimp has a light tomato sauce





tastes of the Mediterranean

COOK UP SOME OF THE WORLD'S MOST SUMPTUOUS FARE RIGHT IN YOUR OWN KITCHEN. THESE ENTREES, SIDE DISHES AND DESSERTS CELEBRATE FLAVORS AS DISTINCT, BOLD AND DELICIOUS AS THE REGION THAT INSPIRED THEM







Feast on Mussels Provençale (above) or spicy Moroccan Chicken (left). Warm Cherry Clafouti is a famous fruit dessert from France

MAIN DISHES

ROASTED ROAST PORK

Italy

Sardinia, an island off the coast of southern Italy, is famous for roast pork. The meat is typically studded with slivered garlic, then roasted with fresh rosemary and sage sprigs. Thinly sliced and served at room temperature, it's a great dish for a crowd.

Prep time: 15 minutes plus standing
Baking time: 1 hour 45 minutes
Easy

4-pound boneless pork roast, tied
1 tablespoon slivered garlic
1 tablespoon virgin olive oil
1 teaspoon salt
1/4 teaspoon freshly ground pepper
1 small bunch fresh rosemary
1 small bunch fresh sage
Rosemary and sage sprigs, for garnish

1. Heat oven to 350 F. With a small, sharp knife, cut slits into all sides of pork and insert slivers of garlic into each. Brush all sides with oil; sprinkle with salt and pepper. Place rosemary and sage under the string all around the roast. Transfer pork to a small roasting pan. Roast pork 1 hour and 45 minutes, until a meat thermometer inserted in center of pork reaches 155 F.
2. Transfer pork to cutting board. Let stand 30 minutes before slicing. Serve warm or at room temperature. *(Can be made ahead. Cool pork roast completely. Wrap and refrigerate overnight. Bring to room temperature before serving.)* Garnish with herbs. Makes 8 servings.

Per serving: 425 calories, 26 g total fat, 9 g saturated fat, 134 mg cholesterol, 379 mg sodium, 1 g carbohydrates, 45 g protein, 39 mg calcium, 0 g fiber

MOROCCAN CHICKEN

Morocco

Test Kitchen Favorite

Here's a tasty twist for skillet chicken! Quick-cook thighs simmer with olives, spices, nuts and preserved lemon (see our Tip of the Month on page 138).

Prep time: 15 minutes
Cooking time: 28 to 30 minutes
Easy

8 chicken thighs, backbone removed if attached (2 1/2 to 3 lbs.)
2 tablespoons grated onion
1 teaspoon grated fresh ginger
1 teaspoon chopped garlic
1/2 teaspoon salt
1/4 cup pitted kalamata olives, coarsely chopped
2 tablespoons chopped preserved lemon (see "Preserved Lemons," page 138)
2 tablespoons pine nuts (pignoli)
1/8 teaspoon red-pepper flakes
3/4 cup chicken broth
2 teaspoons honey
1 tablespoon chopped fresh cilantro
Flatbread (optional)

1. Heat a 12-inch nonstick skillet over medium-high heat. Add chicken, skin side down, and cook 8 minutes, turning once halfway through, until well browned. Transfer to a double layer of paper towels.
2. Discard all but 2 tablespoons drippings in skillet; reduce heat to medium. Add onion, ginger, garlic and salt and cook 1 minute, stirring, just until onion begins to brown. Add olives, preserved lemon, pine nuts and red-pepper flakes; cook 1 minute. Add broth, honey and chicken; cover and simmer 10 minutes. Turn chicken and continue simmering uncovered 8 to 10 minutes more, until sauce is reduced and chicken is cooked through. Transfer to platter and sprinkle with cilantro. Serve with flatbread, if desired. Makes 4 servings.

Per serving: 500 calories, 34 g total fat, 9 g saturated fat, 142 mg cholesterol, 1,173 mg sodium, 6 g carbohydrates, 38 g protein, 26 mg calcium, 1 g fiber

MUSSELS PROVENÇALE

France

We bring the taste of Provence to your table by steaming mussels with tomatoes, white wine, fennel, thyme, garlic and saffron. Serve with crusty bread to soak up the broth.

Prep time: 15 minutes
Cooking time: 23 minutes
Easy, Low-calorie

2 bags (2 1/2 lbs. each) mussels, scrubbed and debearded
1 cup chopped tomatoes
1 cup white wine
2 tablespoons olive oil
3 cups chopped fennel (no substitutions)
1 cup chopped onions
2 tablespoons chopped garlic
1 tablespoon fresh thyme leaves
1/2 teaspoon saffron threads
Sliced French bread

1. Combine mussels, tomatoes and wine in large Dutch oven. Cover and cook over medium heat until mussels open, about 8 minutes.
2. Remove mussels with slotted spoon to large bowl. (Discard any unopened mussels and empty shells.) Strain mussel liquid through a large strainer lined with cheesecloth set over a bowl. Set mussels and broth aside.
3. Heat oil in same Dutch oven over medium heat. Add fennel, onions, garlic and thyme. Cook until fennel softens, about 10 minutes. Stir in saffron, reserved liquid and mussels. Simmer 5 minutes, until heated through. Divide mussels and liquid betwe 6 shallow bowls. Serve w bread. Makes 6 servings.

Per serving: 190 calories, 75 total fat, 1 g saturated fat, 31 m cholesterol, 374 mg sodium, 11 carbohydrates, 15 g protein, 73 calcium, 1 g fiber

TUNA ESPAÑOL

Spain

Called escabèche (es-keh-BEHSH) in Spain, this d has its roots in the era when cooked fish and me were preserved in spiced vinegar broths. This version, with tuna and peppers, is a great exampl of a union of flavors from all over Spain.

Prep time: 30 minutes
Cooking time: 21 to 26 minutes
Easy

4 tuna steaks, 1/2 inch thick (about 1 1/2 lbs.)
2 teaspoons kosher salt
4 tablespoons extra-virgin olive oil, divided
1/4 cup peeled garlic cloves
2 tablespoons chopped fresh flat-leaf parsley
1/2 teaspoon cumin seeds
1/8 teaspoon salt
3 medium Hungarian wax o banana peppers, cut into 1/2-inch-wide strips
3 small onions, cut into very thin wedges
2 teaspoons chopped fresh thyme leaves
1 teaspoon chopped fresh oregano
1/2 teaspoon sweet paprika
1 bay leaf
8 black peppercorns
1/2 cup clam juice
1 tablespoon white-wine vinegar

1. Sprinkle tuna steaks on both sides with kosher salt; let stand 10 minutes at room temperature.
2. Meanwhile, heat 1 tablespoon oil in 12-inch skillet over medium-low heat. Add garlic and cook 4 to 5 minutes, turning occasionally, *(continued)*



Cumin and paprika season Tuna Español (left). A dessert to die for—Sweet Ricotta Puffs with Peaches (right). Side dishes (below) include Pita Bread Salad, Spiced Carrots, Green Beans with Cilantro, Grilled Eggplant and Peppers, Cranberry Beans, and Tabbouleh. Perfect for company (below left): Herbed Roast Pork





THIS SUN-DRENCHED CUISINE COMBINES TASTES SUBTLE AND STRONG TO CREATE MEALS WITH CLASSIC FULL-BODIED FLAVOR





stirring until tender and lightly browned. Remove garlic with slotted spoon to cutting board; finely chop with parsley, cumin and salt. Set aside.
3. Increase heat to medium-high; heat the oil in skillet until very hot. Add tuna and sear 30 seconds per side; transfer to a clean plate.
4. Add 1 tablespoon oil to skillet; reduce heat to medium. Add peppers and onions and cook 5 to 6 minutes, until just tender.
5. Reduce heat to medium-low; add garlic mixture, remaining 2 tablespoons oil, thyme, oregano, paprika, bay leaf, peppercorns, clam juice and vinegar. Cover and simmer 10 to 12 minutes, until peppers are tender. Add tuna to skillet; cover and simmer 2 to 3 minutes. Remove from heat, spoon sauce over, cover and let stand 2 minutes more for medium-rare, 3 minutes for medium. Serve warm or at room temperature. Makes 4 servings.

Per serving: 410 calories, 22 g total fat, 4 g saturated fat, 58 mg cholesterol, 943 mg sodium, 16 g carbohydrates, 38 g protein, 62 mg calcium, 2 g fiber

PANINI WITH GRILLED MUSHROOMS

Italy

Panini is the Italian version of snack food usually enjoyed at a café or espresso bar. Prepared on a porous bread such as ciabatta, called "slipper bread" because it is flat and oval like a slipper, it's a perfectly delicious sandwich.



Prep time: 15 minutes
Grilling time: 10 minutes
Easy

3 tablespoons olive oil
3 tablespoons red-wine vinegar
1 tablespoon chopped garlic
½ teaspoon freshly ground pepper
¼ teaspoon salt
3 large portabella mushroom caps
4 small crusty rolls or ciabatta rolls, split
6 ounces ricotta salata or mozzarella cheese, cut into 4 slices
1 small bunch arugula, trimmed
2 medium beefsteak tomatoes, sliced ¼ inch thick

1. Heat grill. Combine oil, vinegar, garlic, pepper and salt in small bowl. With a knife or a teaspoon, gently scrape away the gills (the black portion underneath the caps) from each mushroom.
2. Brush both sides of mushrooms with oil mixture. Grill mushrooms, 5 minutes per side, until tender. Transfer to cutting board and cut into ½-inch-thick slices.
3. Place one slice of ricotta on bottom half of each roll. Divide and top each evenly with mushrooms, arugula and tomatoes. Cover with tops of rolls. Makes 4 servings.

Per serving: 435 calories, 22.5 g total fat, 8 g saturated fat, 38 mg cholesterol, 1,195 mg sodium, 45 g carbohydrates, 15 g protein, 175 mg calcium, 4 g fiber

ORECCHIETTE WITH SHRIMP

Italy

Food Editor's Favorite

In the coastal region of Apulia at the heel of Italy, a small ear-shaped pasta called orecchiette (oh-rayk-kee-eht-tay) is a popular dish. It's perfect tossed with tomato, cauliflower, and grilled shrimp. Tip: We grilled the shrimp in their shells to keep them moist, flavorful and tender, then peeled them before serving.

Prep time: 20 minutes
Cooking time: 22 to 30 minutes
Easy

1 pound unshelled medium shrimp
4 tablespoons extra-virgin olive oil, divided
4 tablespoons chopped fresh basil, divided
2 tablespoons fresh lemon juice
Salt
¼ teaspoon freshly ground pepper
1 small head cauliflower, cut into florets
1 pound orecchiette pasta
1 cup chopped onions
1 tablespoon chopped garlic
2 cups chopped fresh tomatoes
¼ teaspoon red-pepper flakes
1 tablespoon chopped fresh flat-leaf parsley
Additional olive oil, if desired

1. With a small, sharp knife, cut along curved side of each shrimp to the tail. Remove vein and leave shells on. Combine shrimp, 2 tablespoons *each* oil and basil, lemon juice, ¼ teaspoon salt and pepper in bowl. Refrigerate.
2. Heat and oil grill.
3. Bring 6 quarts water to boil in large saucepot or Dutch oven. Ad 1 tablespoon salt and cauliflower. C cauliflower until just tender, 5 to 8 minutes. Transfer with slotted to to large bowl. Reserve water.
4. Grill shrimp until shells are ligh charred and shrimp are just cook through, 3 minutes per side. Coo slightly and remove shells.
5. Return reserved water to boil. A pasta and cook according to packa directions.
6. Meanwhile, heat remaining 2 tablespoons oil in a large skillet medium-high heat. Add onions an garlic; cook 5 minutes. Reduce he stir in tomatoes, cauliflower, rema 2 tablespoons basil, ¼ teaspoon sa and red-pepper flakes. Cook until tomatoes have softened, 8 to 10 minutes.
7. Drain pasta. Toss cauliflower sa and shrimp with hot pasta in large serving bowl. Divide among 6 shall bowls. Sprinkle top with parsley an drizzle additional oil over pasta, if desired. Makes 6 servings.

Per serving: 460 calories, 12 g total fat, 2 saturated fat, 93 mg cholesterol, 591 mg so 65 g carbohydrates, 24 g protein, 73 mg cal 4 g fiber

SIDE DISHES

TABBOULEH

Lebanon

Tabbouleh (tuh-BOO-luh) is a sala prepared with bulgur, parboiled an ground wheat combined with toma green onions, parsley, mint, olive o and lemon juice. Our version uses peak-season red and yellow cherry tomatoes for delicious results.

Total prep time: 30 minutes plus soa and chilling
Easy

1½ cups bulgur
3 cups boiling water
¼ cup olive oil
¼ cup fresh lemon juice
¾ teaspoon salt
¼ teaspoon ground red pepper
Pinch allspice
1 cup red cherry tomatoes, halved
1 cup yellow cherry tomatoes, halved
¾ cup peeled, seeded and finely choppe cucumber
¾ cup fresh mint leaves, chopped
½ cup chopped green onions
¼ cup fresh parsley leaves, chopped

1. Place bulgur in large bowl and co with boiling water. Soak 30 minutes Drain in fine sieve lined with cheesecloth. Press out excess water with a spoon.

(continu



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TASTES OF THE MEDITERRANEAN

(Continued)

Whisk together oil, lemon juice, salt, red pepper and allspice in large bowl. Add bulgur and remaining ingredients. Toss. Cover and refrigerate several hours. Makes 6 servings.

Per serving: 220 calories, 9.5 g total fat, 1.5 g saturated fat, 0 mg cholesterol, 307 mg sodium, 31 g carbohydrates, 5 g protein, 50 mg calcium, 8 g fiber

SPICED CARROTS

Morocco

Coating carrots with the typical flavors of Morocco (cumin, cinnamon, lemon, and honey) is a wonderful way to bring out their natural sweetness.

Prep time: 10 minutes
Cooking time: 8 minutes
Easy

1 pound carrots, sliced on the diagonal ¼ inch thick
1¼ teaspoons salt, divided
1 clove garlic, crushed
1 bay leaf
1 teaspoon cumin seeds
¼ teaspoon cinnamon
2 tablespoons fresh lemon juice
2 tablespoons chopped fresh parsley
1 tablespoon olive oil
1 tablespoon honey

1. Bring 2 quarts of water to boil in medium saucepan. Add carrots, 1 teaspoon salt, garlic and bay leaf and cook over medium-high heat until carrots are tender, 5 minutes. Drain in colander and rinse under cold running water. Discard garlic and bay leaf.
2. Toast cumin seeds and cinnamon in small skillet over medium-low heat until seeds become fragrant, 3 minutes. Transfer spices to a large serving bowl and whisk in remaining ingredients. Add carrots and toss to coat. *(Can be made ahead. Refrigerate overnight. Let stand at room temperature 1 hour before serving.)* Makes 6 servings.

Per serving: 65 calories, 2.5 g total fat, .5 g saturated fat, 0 mg cholesterol, 319 mg sodium, 12 g carbohydrates, 1 g protein, 29 mg calcium, 3 g fiber

GREEN BEANS WITH CILANTRO

Greece

These summery green beans are terrific with any of our main-dish recipes. And they're quick and easy to prepare: just toss with a light lemony dressing, cilantro and garlic.

Prep time: 20 minutes plus chilling
Cooking time: 7 to 8 minutes
Easy

2 pounds green beans, trimmed
3 tablespoons extra-virgin olive oil, divided
3 tablespoons chopped fresh cilantro
1 teaspoon minced garlic
¾ teaspoon salt
1½ tablespoons white-wine vinegar
1 tablespoon fresh lemon juice
Sliced lemon, for garnish

1. Arrange a large steamer basket in a saucepot; add water to fill to just under the basket. Bring water to a boil. Add green beans to basket; cover and steam 7 to 8 minutes, until beans are tender.
2. Combine 2 tablespoons oil, cilantro, garlic and salt in large serving bowl. Add hot beans and toss. Cool, cover and refrigerate 2 hours. *(Can be made ahead. Refrigerate up to 24 hours.)*
3. Combine remaining 1 tablespoon oil, vinegar and lemon juice in cup. Just before serving, add mixture to beans and toss to coat. Garnish with lemon slices. Makes 6 servings.

Per serving: 105 calories, 7 g total fat, 1 g saturated fat, 0 mg cholesterol, 299 mg sodium, 10 g carbohydrates, 2.5 g protein, 51 mg calcium, 2 g fiber

CRANBERRY BEANS

Italy

White with wine-colored speckles, fresh cranberry beans are similar to pinto beans in shape, with a creamy texture and a wonderful nutty flavor. A popular summer bean eaten throughout the Mediterranean, they adapt easily to a wide variety of seasonings.

Prep time: 25 minutes
Cooking time: 67 to 69 minutes
Easy

1½ pounds fresh cranberry beans, shelled (2 cups)
3 tablespoons olive oil, divided
1 cup chopped onions
1 medium green bell pepper, chopped
1 small jalapeño chile, finely chopped
1 large tomato (1 lb.), chopped
2 teaspoons sugar
1 teaspoon salt
1 tablespoon fresh lemon juice
1 tablespoon chopped fresh flat-leaf parsley
Lemon wedges, for garnish

1. Bring beans and enough water to cover to a boil in 3-quart saucepan; boil 5 minutes and drain. Set aside.
2. Wipe saucepan dry; add 2 tablespoons oil and heat over medium-high heat. Add onions, bell pepper and jalapeño and cook 7 to 9 minutes, until vegetables are lightly browned. Add tomato; cover and cook 5 minutes. Add beans, just enough water to cover beans, sugar and salt; cover and simmer 50 minutes or until beans are tender. Cool.
3. Stir remaining 1 tablespoon oil and lemon juice into beans; transfer to serving dish and sprinkle with parsley. Serve at room temperature with lemon wedges. Makes 6 servings.

Per serving: 315 calories, 8 g total fat, 1 g saturated fat, 0 mg cholesterol, 401 mg sodium, 47 g carbohydrates, 16 g protein, 94 mg calcium, 8 g fiber

GRILLED EGGPLANT AND PEPPERS WITH YOGURT

Turkey

The aroma of eggplant and peppers on the grill is commonplace in Turkey. Grilled vegetables are often served with a garlicky yogurt, and we added poblano chiles to the mix to give the dish some heat.

Prep time: 15 minutes plus chilling and standing
Grilling time: 20 to 25 minutes
Easy

2 cups plain low-fat yogurt
1 teaspoon finely chopped garlic
¾ teaspoon salt, divided
4 tablespoons olive oil, divided
2 pounds Japanese eggplants (about 8)
3 large sweet red bell peppers
4 poblano or Anaheim chiles
1 tablespoon finely chopped fresh thyme

1. Heat grill.
2. Place a large sieve over a bowl; line sieve with a triple layer of paper towels. Spoon yogurt into sieve; refrigerate 40 minutes. Transfer drained yogurt to a small bowl; stir in garlic and ¼ teaspoon salt. Refrigerate.
3. Meanwhile, *(continued on page 1*

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...THE MEDITERRANEAN
...ing 146

combine 3 tablespoons oil and remaining ½ teaspoon salt in bowl. Cut eggplants into long, ¾-inch-thick diagonal slices. Toss with oil mixture. Brush bell peppers with remaining 1 tablespoon oil.

4. Grill bell peppers over medium-high heat 20 to 25 minutes, turning as they blacken. After 10 minutes add eggplant slices and poblanos to grill. Grill eggplant 10 to 12 minutes, turning occasionally, until tender; transfer to large platter and cover with foil. Grill poblanos 8 to 10 minutes, turning as they blister and lightly blacken. Place all peppers and poblanos in a bowl. Cover tightly and let stand until cool.

5. Peel and seed peppers and poblanos; cut red bell peppers in thick strips and poblanos into thin strips. Arrange overlapping eggplant slices, bell pepper and poblano strips on a platter. Sprinkle thyme evenly over top. Spoon some yogurt sauce over vegetables and serve remaining sauce on side. Makes 6 servings.

Per serving: 205 calories, 10.5 g total fat, 2 g saturated fat, 5 mg cholesterol, 355 mg sodium, 24 g carbohydrates, 7 g protein, 210 mg calcium, 4 g fiber

PITA BREAD SALAD
Egypt

In the mood to experiment? Try this dish, also known as fattoush (fah-TOOSH). It's a zesty warm-weather bread salad with parsley, tomato, bell pepper and crunchy pita wedges.

Total prep time: 25 minutes
Easy

2 day-old pita breads (5- to 6-inch), split
1 clove garlic
½ teaspoon salt
¼ cup fresh lemon juice
¼ cup extra-virgin olive oil
3 medium red or yellow tomatoes, chopped
1 red bell pepper, diced
1 cup fresh parsley, chopped
¼ cup fresh mint, chopped

1. Cut pita in half, and then cut each half into 6 pieces.

2. With flat side of large knife, crush the garlic and salt with knife to form paste. Combine paste with lemon juice and oil in large serving bowl; stir in pitas and remaining ingredients. Let stand at least 15 minutes before serving. Makes 6 servings (5 cups).

Per serving: 160 calories, 10 g total fat, 1.5 g saturated fat, 0 mg cholesterol, 313 mg sodium, 16 g carbohydrates, 3 g protein, 42 mg calcium, 2 g fiber

ROMESCO SAUCE
Spain

A classic sauce from the coastal region of Catalonia, Romesco is a finely ground mixture of nuts, dried chiles, tomatoes, garlic and fried bread cubes. It's a great sauce for grilled fish, pork or beef.



Prep time: 30 minutes plus standing
Baking time: 15 to 20 minutes
Easy

3 dried ancho chiles
2 large tomatoes
4 tablespoons extra-virgin olive oil, divided
4 tablespoons virgin olive oil, divided
1 teaspoon finely chopped jalapeño chile
2 one-inch-thick slices white Italian-style country bread
1 tablespoon chopped garlic
¼ cup blanched almonds, toasted and finely ground
¼ cup hazelnuts, toasted, skinned and finely ground
1 tablespoon red-wine vinegar
½ teaspoon salt
Toasted bread

1. Soak ancho chiles in enough hot water to cover. Let stand until chiles have softened, 20 minutes. Drain. Remove seeds and chop.

2. Meanwhile, heat oven to 350°F. Place tomatoes and 2 tablespoons extra-virgin olive oil in an ovenproof skillet. Bake tomatoes until skins begin to peel, 15 to 20 minutes. Remove from skillet. Cool. Discard skins and coarsely chop, reserving juice. Transfer tomatoes and juice to bowl.

3. Heat 2 tablespoons virgin olive oil in same skillet over medium heat. Add reserved anchos and jalapeño. Cook until jalapeño softens, 5 minutes. Transfer chile mixture to bowl with tomatoes.

4. Wipe out skillet and heat remaining 2 tablespoons extra-virgin olive oil over medium-high heat. Add bread and cook 1 to 2 minutes per side, until oil is absorbed and slices are golden. Cool slightly, then cut into small pieces.

5. Puree garlic with tomato mixture in blender until smooth. Add almonds, hazelnuts and bread; puree, scraping down sides of blender with rubber spatula. Add vinegar, remaining 2 tablespoons virgin olive oil and ½ teaspoon salt, blending until smo... Serve with toasted bread. Makes 2 c...

Per tablespoon: 50 calories, 4 g total fat, .5 saturated fat, 0 mg cholesterol, 16 mg sodiu... carbohydrates, 1 g protein, 9 mg calcium, 1 g...

DESSERTS
CHERRY CLAFOUTI
France

Clafouti (kla-foo-TEE) is a classic country dessert from southern Fran... Made by topping a layer of fresh fr... sugar and Kirsch with batter, once baked, the dessert develops a cake-l... topping with a creamy custard layer underneath. Though cherries are traditional, any fruit—plums, peach... or berries—can be used. Serve warm

Prep time: 20 minutes
Baking time: 35 to 40 minutes
Easy

1½ pounds fresh red or white sweet cherries, pitted
½ pint fresh blackberries or raspberries
½ cup plus 2 tablespoons granulated su... divided
2 tablespoons Kirsch (cherry-flavored liqu...
3 large eggs
½ cup crème fraîche
½ cup milk
½ cup all-purpose flour
Confectioners' sugar

1. Heat oven to 425°F. Combine cherries, blackberries, 2 tablespoons su... and Kirsch in a large bowl. Transfer a shallow 6-cup baking dish. Bake u... fruit is hot and steamy, 8 to 10 minut... Pour fruit through a large strainer ov... a bowl; reserve 2 tablespoons juice. Return fruit to baking dish. Reduce oven temperature to 350°F.

2. Meanwhile, beat eggs in large mix... bowl on medium-high speed, until foamy, 2 minutes. Beat in remaining ½ cup granulated sugar, crème fraîch... milk, flour and 2 tablespoons of reserv... fruit juice, until well blended. Pour bat... over fruit. Bake until filling is set and t... is golden brown, 35 to 40 minutes. Co... on wire rack until warm. Dust top wi... confectioners' sugar. Makes 8 serving...

Per serving: 260 calories, 8.5 g total fat, 4.5 saturated fat, 94 mg cholesterol, 41 mg sodium, 40 g carbohydrates, 5 g protein, 76 mg calcium, 2 g fiber

SWEET RICOTTA PUFFS WITH PEACHES
Italy

Indulgent But Worth It

Zeppole, also called sfince, are bite-si... Sicilian fritters cooked in olive oil unt...

nd golden, then dusted with
ioners' sugar for a snack or light
They also make an elegant
ation when served with peaches
anto, a sweet Italian white wine,
ar recipe.

ne: 35 minutes plus chilling
; time: 80 seconds to 2 minutes
batch

ge ripe peaches
p vin santo wine or sweet sherry
4 teaspoons granulated sugar

icotta puffs
tainer (15 oz.) whole-milk ricotta
ge eggs
lespoons sugar
aspoon grated orange peel

Pinch salt
Confectioners' sugar
Fresh mint leaves, for garnish

1. *Make peaches:* Peel and pit peaches. Cut into ½-inch-thick wedges. Combine in large bowl with wine and sugar. Cover and refrigerate 2 hours.
2. *Make sweet ricotta puffs:* Whisk all ingredients in medium bowl until smooth. Line a large cookie sheet with a double thickness of paper towels. Heat oven to warm or lowest setting.
3. Heat oil in large skillet over medium-high heat, about 9 minutes. (Drop a small bit of dough into oil; if it starts to bubble immediately, the oil is ready for frying. Discard bit of dough.) Drop six pieces of dough by level tablespoons, scraping with small spatula or another spoon, into hot oil. Fry 30 to 60 seconds per side, until golden and puffed. Transfer fritters with slotted spoon to prepared cookie sheet. Turn oven off. Place fritters in oven and repeat process with remaining dough.
Sprinkle fritters with confectioners' sugar. Arrange 4 on each of 10 shallow dessert plates. Divide and serve with peaches. Garnish with mint and serve immediately. Makes 10 servings.

Per serving: 300 calories, 17.5 g total fat, 5.5 g saturated fat, 64 mg cholesterol, 140 mg sodium, 28 g carbohydrates, 8 g protein, 148 mg calcium, 2 g fiber. ●

Recipes by Jane Yagoda Goodman, Regina Ragone and Cynthia DePersio



ft Foods, Inc.

Blueberry Muffin

Packed with berries and dusted with sugar, this muffin is the ultimate melt-in-your-mouth breakfast—or anytime—treat

There's nothing so comforting and yummy as a blueberry muffin still warm from the oven. You'll want to bake batch after batch of our recipe, which combines peak-season fruit with a rich butter batter for a delicate, cake-like texture. A mix of crushed and whole blueberries makes these muffins even more flavorful, and a sprinkling of sugar on top gives them a subtle crunch with each bite.

BLUEBERRY MUFFINS
Budget Recipe of the Month

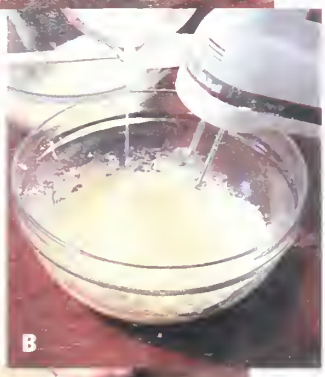
Prep time: 10 minutes
Baking time: 30 minutes plus cooling
Easy

2 cups all-purpose flour
2 teaspoons baking powder
½ teaspoon salt
½ cup butter or margarine, softened
1 cup plus 1 tablespoon sugar, divided
2 large eggs
½ cup milk
1 teaspoon vanilla extract
2½ cups fresh blueberries

1. Heat oven to 375°F. Line twelve 3-inch or fourteen 2½-inch muffin-pan cups with paper liners.
2. Combine flour, baking powder and salt in a bowl. Beat butter and 1 cup sugar in a large mixer bowl at medium speed until light and fluffy (photo A). Add eggs one at a time, beating well after each addition. Add dry ingredients alternately with milk and vanilla, beginning and ending with dry ingredients, until batter is smooth (photo B).
3. Crush ½ cup berries and add to batter (photo C). Fold remaining berries into batter with rubber spatula (photo D). Divide and spoon batter into muffin-pan cups. Sprinkle with remaining 1 tablespoon sugar. Bake 30 minutes or until toothpick inserted in center comes out clean. Cool muffins in pan 5 minutes, then remove from pans onto wire rack. Makes 12 muffins.
Tip: Use paper liners to help retain the muffins' shape and to make them easy to remove from the pan.

Per serving: 250 calories, 9 g total fat, 5.5 g saturated fat, 58 mg cholesterol, 274 mg sodium, 39 g carbohydrates, 4 g protein, 69 mg calcium, 1 g fiber ●









A. Beat butter and sugar in mixer bowl; mixture should look creamy when tested with a spatula. B. Add dry ingredients alternately with milk; beat until batter is smooth. C. Crush ½ cup blueberries in bowl. D. Gently fold remaining whole blueberries into batter with a spatula



FREEZE 'EM!

To bake our muffins with the best summer berries well into winter, arrange unwashed fresh berries in a single layer ½ inch apart on cookie sheets; freeze until firm. Transfer to plastic freezer bags and freeze up to 6 months. Don't thaw the berries, but do wash them before using.

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Finally, a delicious way to manage cholesterol.



Southern Corn Salad is terrific barbecue fare

Gold Nuggets Perk up everyday ears with a salad that brin out the best flavor of sweet **corn**

SOUTHERN CORN SALAD

Fresh corn gets a smoky flavor but still stays crunchy by flash-cooking it in a nonstick skillet.

Prep time: 20 minutes
Cooking time: 28 to 30 minutes
Easy

2 slices thick-cut bacon
2 tablespoons olive oil, divided
1 cup chopped onions
2 celery ribs, peeled and chopped
¼ teaspoon ground cumin
½ pound okra, sliced
1 cup cherry tomatoes, quartered
½ cup chicken broth
6 ears corn, kernels removed
1 tablespoon red wine vinegar
½ teaspoon salt
½ teaspoon freshly ground pepper

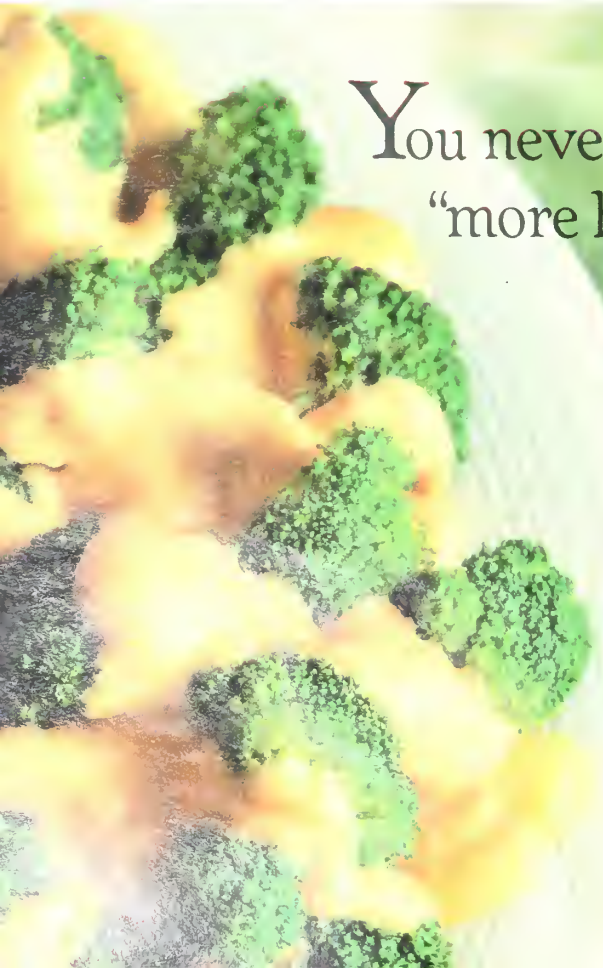
1. Cook bacon in a large nonstick skillet until crisp. Drain and crumble; discard drippings.
2. Heat 1 tablespoon oil in same skillet. Add onions and cel and cook until softened. Add cumin; cook 1 minute. Add okr and tomatoes; cook 5 minutes. Add broth and cook until okra i tender, 5 minutes. Transfer vegetables to a bowl.
3. Heat remaining oil in skillet. Add half of the corn, increase hea to high, and cook, stirring, until lightly browned. Transfer corn with slotted spoon to bowl with vegetables. Repeat, cooking remaining corn. Add vinegar, sal pepper and bacon to corn mixtur stir to blend. Makes about 5 cup

Per 1-cup serving: 215 calories, 9.5 g total fat, 2 g saturated fat, 4 mg cholester 440 mg sodium, 31 g carbohydrates, 7 g protein, 56 mg calcium, 6 g fiber ●

Recipe by Jane Yagoda Goodman

CUTTING CORN OFF THE COB

Remove husk and silk from a corncob; cut off top and bottom ends. Stand one ear of corn on a cutting board, holding it near the top. With a sharp knife parallel to the cob, cut kernels off with a sawing motion. Four ears of corn yields about 2 cups kernels.



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NUTRITION GUIDE

Calorie and nutrient analysis appears at the end of each of our recipes to help you plan nutritious meals.

Daily Goal	
Calories	2,000 (F); 2,500 (M)
Total fat	90 g or less (F) 70 g or less (M)
Saturated fat	20 g or less (F) 23 g or less (M)
Cholesterol	300 mg or less
Sodium	2,400 mg or less
Carbohydrates	250 g or more
Protein	55 g to 90 g
Calcium	1,000 mg
Fiber	20 g to 35 g

rab a can of seasoned chicken broth with herbs and you've got a tempting chicken dinner tonight. For this recipe, we used chicken breasts with the ched. Fresh tomatoes, garlic ped olives are added to the round out the sauce.

EN WITH HERBS

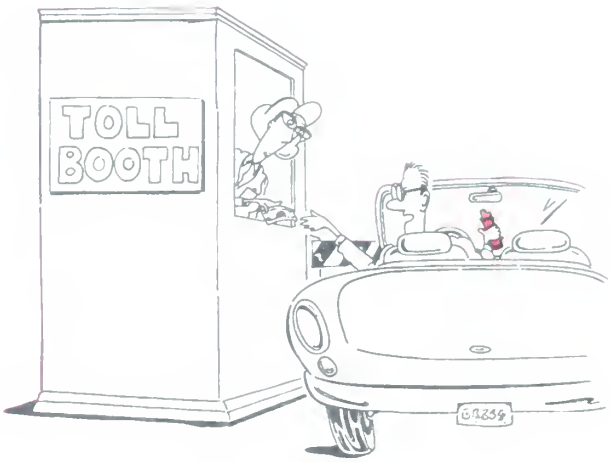
: 15 minutes
ime: 36 to 43 minutes

oon olive oil
breast halves with wing attached
z. each)
on salt
on freshly ground pepper
ns finely chopped garlic
n ripe tomatoes, chopped
5 oz.) Swanson Chicken Broth
Italian Herbs
itted kalamata olives, chopped
0 oz.) couscous, cooked according
ckage directions
oon chopped fresh flat-leaf parsley

l in large skillet over medium-at. Sprinkle chicken with salt pper; arrange skin side down in Cook 8 to 10 minutes until d. Turn chicken and cook tes. Add garlic to skillet; cook, , 30 seconds. Add tomatoes and minutes, until thickened. Add nd olives; bring to a boil. Reduce d simmer 20 to 25 minutes, chicken once, until cooked n. Serve chicken with sauce uscous. Sprinkle with parsley. 4 servings.

ving: 740 calories, 27.5 g total fat, rated fat, 146 mg cholesterol, 1,303 mg 62 g carbohydrates, 58 g protein, alcium, 3 g fiber ●

by Cynthia DePersio



"Keep the change, you earned it."



All Try Strawberry, Apple Cinnamon, Very Berry & Blueberry

SPECIAL OFFER



This Twelve-Piece Multipurpose Preparation/Serving Set includes everything you need to prepare, serve and store all types of gourmet salads and desserts. The bowl and cover can also be used to store leftovers, or, when turned upside down, can be used as a cake dome to store your desserts. The cover also functions as a base plate to be used with the five-piece serving set to form a relish tray or condiment server. A strainer/colander lid makes washing lettuce or draining pasta easy.

Another feature of this multipurpose set is a snug mandolin lid and safety holder, which allows you to slice, shred and grate neatly into the bowl. Mix and match all twelve pieces for various uses. Also included in the set is an easy-grip vegetable peeler and salad tongs.

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CAMP HAPPINESS

Continued from page 85

for themselves. "Most skin diseases are not contagious, but people think they are," explains John Koo, M.D., a psychiatrist, dermatologist and associate clinical professor of dermatology at the University of California, San Francisco. "In general, that makes skin disease more stigmatizing than a handicap. If you're in a wheelchair, plenty of people will come forward to help. If you have psoriasis, they pull back."

That stigma extends to Camp Horizon, too—at least in the beginning. On the first day, kids accustomed to their own conditions recoil from campers with unfamiliar disorders. Counselors who expected to be caring for children with mild conditions are shocked at all the bandages, rashes and scaly skin. Some privately admit being reluctant to touch the youngsters or go swimming with them.

And yet, by Wednesday, kids and adults alike are jumping in the pool and hot tub and linking hands around the fire. "I don't even notice their skin anymore," marvels counselor Yale Han, a Bucknell University premed student.

FRIENDS FOREVER

At the end of the week, the atmosphere at camp is giddy. Friday, the last full day, features a rowdy after-supper talent show in which four performers stand out. Eight-year-old Michael Allen, who has the corn-silk hair and pale skin typical of ectodermal dysplasia patients, struts onstage shirtless and has the audience roaring with laughter at his cocky bodybuilder poses.

Josh Nelson, whose epidermolysis bullosa has left him small for his twelve years, zips up to the microphone in his motorized wheelchair and holds up some pictures he has drawn: "A scary fish; a Tyrannosaurus rex." He gets a standing ovation. Twelve-year-old Novelette Munroe, who also has severe EB, brings the audience to its feet again with an impassioned recitation of Lady Macbeth's "Out, damned sp[ot]" soliloquy. Finally, Lorien Johns[on], wearing a flowery dress over her b[an]dages, brings down the house wit[h] a rap number.

Later, as water-balloon-wield[ing] campers party on outside, Novele[tte], Lorien, Vicky Murray and Vick[y]'s friend Lauren Schwartz sit quietly [in] their cabin, reflecting on the we[ek] and their friendship. "What I l[ike] most about being here is that y[ou] can communicate with people w[ho] understand you," says Novelette so[f]tly. "You feel like you're not alone."

"I used to think I had it bad," sa[ys] Vicky, reflecting on her psoriasis. [I] complained all the time. But wh[en] you come here, you know what [all] these other kids go through, and y[ou] see they're happy. It gives me con[fi]dence. It makes me think I can [do] stuff I didn't think I could do."

Lauren, who has a less severe for[m] of EB than Lorien and Novelette d[oes] agrees: "I like it here because peop[le] don't look at you and go, 'Eewww.'"

What would they like to say t[o] their tormentors? Novelette replie[s]: "I'd say that we're different on th[e] outside, but not on the inside." Vick[y] has no suggestions. "People don't care," she says. "If they don't lik[e] your looks, they don't care what yo[u] are or what you can do."

The group spends more than an hour exchanging stories, drying tears, comparing notes and comforting on[e] another. Finally, counselor Kathryn Zeoli, M.D., a dermatologist from Fort Lauderdale, Florida, interjects gently, "But you feel happy and comfortable here."

"Yes," agrees Novelette. "I don't feel like anybody's staring at me."

"They get used to you real fast here!" says Zeoli. They laugh, the grim mood broken. The girls joke, hug, exchange addresses and vow to stay friends forever.

Once again, Camp Horizon seems like any other summer camp, on any other final night. ●

Lydia Preston is currently working on a book about the physical and psychological effects of acne.

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HARRISON FORD, REGULAR GUY

Continued from page 113

But to understand how he became the man all American women wanted to have, one film—in fact, one scene—explains it all. In *Witness*, when Ford, playing a detective, in his only Oscar-nominated role, holds Kelly McGillis in his arms as they dance to Sam Cooke's "(What A) Wonderful World," grown women everywhere want nothing more than to be the small of Kelly McGillis's back, caressed by those carpenter's hands.

"God knows, I don't know what ladies like," Ford has said. "I think it has to do with the movies I have made and people's impressions. It has to do with being allowed into someone's emotional world over a long period of time."

Maybe. Or maybe it's the hands.

"I love you," Carrie Fisher as Princess Leia said to Ford's Han Solo in *The Empire Strikes Back*. "I know," he replied.

How do we feel about him? I think he knows. ●

11 THINGS YOU DIDN'T KNOW ABOUT HARRISON

1. Just like his character Indiana Jones, Harrison Ford was once a Boy Scout.

2. Ford's high school, Maine Township High, in Park Ridge, Illinois, has another famous alum: Hillary Rodham Clinton. Ford graduated in 1960; Clinton graduated five years later.

3. Ford was the school punching bag. "The boys would take me up to this high park lot and roll me down the hill after beating me up," he says. "It was a daily event."

4. Ford did not serve in the Vietnam War because his first wife got pregnant. But ev before that, he had already registered as a conscientious objector.

5. Until 1970, Ford was billed as Harrison J. Ford to avoid confusion with the prolif silent-screen actor, Harrison Ford (1892–1957). But the *J* was meaningless; he doesn't have a middle name.

6. Ford got the scar on his chin in a car accident: He drove into a telephone pole, an then had the scar stitched up by a medical resident at the local emergency room.

7. Harrison Ford was not always the director's first choice. Rumor has it that he landed the role of Han Solo in *Star Wars* only after Al Pacino and Christopher Walken turned it down. Steven Spielberg originally wanted Tom Selleck to play Indiana Jones, but couldn't get him.

8. An avid environmentalist, Ford donated 389 of his 800 acres in Jackson Hole, Wyoming, to a wildlife-preservation group.

9. His only concession to a midlife crisis is an earring he's worn in his left lobe fo the last two years. "I don't think in and of themselves earrings are sexy," he says. "If I did, I'd have six of them."

10. Ford is handy to have around the house. "I'm a pretty good cook," he once said "I can iron and vacuum with the best of them."

11. In 1993, a new species of spider—*Calponia harrisonfordi*—was named after hi by an arachnologist at the American Museum of Natural History to thank Ford for narrating a film. "It's a California spider, one of the most primitive members of the family *Caponiidae*," says a museum arachnologist. Primitive, yet brutishly handsom "Um, it's a spider," the arachnologist replies.

REAL SOLUTIONS: NICOLE

Continued from page 128

of heart. A friend who knew that she had tried unsuccessfully to get pregnant during her second marriage said, "What if this is Nicole's only chance to have a baby?" Sharon, now divorced, recalls, "I felt sick. I knew how painful it was not to conceive, and I knew the joy of motherhood."

Once Sharon stopped pushing abortion, Nicole opened up. She explained that she'd always wanted to be a young mother and assured Sharon she'd still go to college. When Nicole said she planned to marry the baby's father, Michael, Sharon asked her to wait two years. She allowed Michael to move into her house after the couple graduated from high school. "If they showed that they were truly committed to each other, I promised to help with a wedding."

On November 2, 1994, Nicole gave birth to eight-pound Jocelyn Dee. In 1995, Nicole enrolled in Pennsylvania State University's campus outside Philadelphia. (She later transferred to Temple University and will graduate next year.) Michael works for a construction company; he takes college courses part-time and plans to enroll full-time after Nicole graduates and starts working.

In May 1997, two and a half years after Jocelyn's birth, Sharon helped Nicole pay for her wedding. "Jocelyn was the most beautiful little flower girl," she says proudly. Last December, Nicole and Michael bought a house. Like homeowners twice their age, they devote weekends to home-improvement projects.

"Nicole and Michael are great parents, and they've got their priorities straight," Sharon says. "But it still makes me sad that they didn't get to be kids."

As for Jocelyn, however, who starts pre-kindergarten this fall, Sharon can't imagine life without her. "I loved being a parent," she says, "but being a grandparent is even better."

REAL SOLUTIONS: HELEN

Continued from page 129

After the medical abortion, Hel experienced cramping for several day and was very emotional. "Helen w teary and sensitive," Elizabeth recalls.

Says Helen: "I felt terrible becau I was raised not to have unprotecte sex." But she didn't have any secon thoughts; she has always felt it wa the right thing to do.

After the abortion, Helen wen back on the Pill—but at a lowe dosage, to avoid side effects. No twenty-five, she is pursuing a mas ter's degree in English and hopes t become a novelist. "If Helen had ha the baby, she would be leading a dif ferent life now," says Elizabeth. "I wouldn't have been the path that would have chosen—and not the on she had in her dreams. For her abortion was the only solution." ●

Cynthia Hanson, a contributing editor to Chicago Magazine, frequently writes for Ladies' Home Journal.

nberry Inn Sweepstakes

Continued from page 40

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MEMORIES OF MOM

Once she took care of me; now I care for her. But some things never change.

By Virginia Wells

MY MOTHER stands at the bathroom mirror putting on makeup. She has delicate hands with slim fingers and nails painted Revlon Fire & Ice red. She smoothes on foundation, then rouge and a little eye color. Finally, she takes lipstick, Fire & Ice too, carefully outlines her lips, then presses them together. She pulls me close and kisses me hard on the mouth. She's a sweet mixture of soap and cologne. Together, we look at our reflection. Now I am wearing lipstick too.

MY MOTHER poses on a hassock in front of a makeshift bookcase. She has medium-length hair with wavy bangs. She doesn't smile; she's self-conscious about her aging teeth. She wears her black dress with see-through panels and short sleeves, Peter Pan collar and rhinestone buttons down the front. I love her in that dress and I make her promise that she'll give it to me when I'm grown.

"Please, Mommy, save it for me," I plead as I run my fingers along the soft fabric.

"Of course I'll save it for you," she says.

IT'S THANKSGIVING DAY, late in the evening, long after we've feasted. My four-year-old daughter cuddles on my lap; some adults sip chardonnay. Music plays on the radio. Suddenly my father stands, bows at the waist, and swoops my mother into a ballroom stance.

My mother places her hand in his shyly. Wearing a peach-colored bathrobe and terry cloth slippers, she moves elegantly, as though dressed in silk. One, two, cha-cha-cha. Their mouths count in unison and my husband raises an eyebrow, half-grins. But it's not funny. I love watching my mother, her face glowing softly pink, perhaps from wine, perhaps from the thrill of dancing with my father.



MY MOTHER calls me long-distance. She begins to speak but her voice trails off.

"Mom, is something wrong?"

She starts to cry. "Oh, I feel so silly," she says. In a shaky voice she tells me that earlier in the day she had driven to the cemetery to tend my father's grave, something she has done for the past sixteen years. This time, however, when she stepped out of the car, everything went blank. She suddenly had the feeling that she had never been there before. She scanned rows of grave markers, but she couldn't find my father's. Eventually, she gave up and went home.

I want to comfort her as she has done for me so often, but she is too far away. All I can do is hold the phone close and murmur, "It's okay, Mom. Don't worry. It's okay."

MY MOTHER has a fractured ankle and she has stayed with me for several weeks. She can barely use a walker, but she tries, her shoulders stooped over as she inches her way across the room. She's quiet; she has nothing to say. She spends hours watching The Weather Channel, as though the weather report is her connection with her life in Pennsylvania.

I place food in front of her and she eats. She makes few requests. Each evening I wash her frail body gently with my favorite soap. I dry her and dress her in a clean nightie. She holds my arm for support but seems unaware that I am there, as if she has crawled so far inside herself that she no longer sees.

One night I sit her in front of the mirror and find my own Fire & Ice polish. I hold her thin fingers in mine and spread the color evenly over her nails. My mother watches as her pale hands come alive. For a moment I realize that she is still in there somewhere, and I know I will stay close by, waiting till she reappears. ●

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JOURNAL

SEPTEMBER 1999



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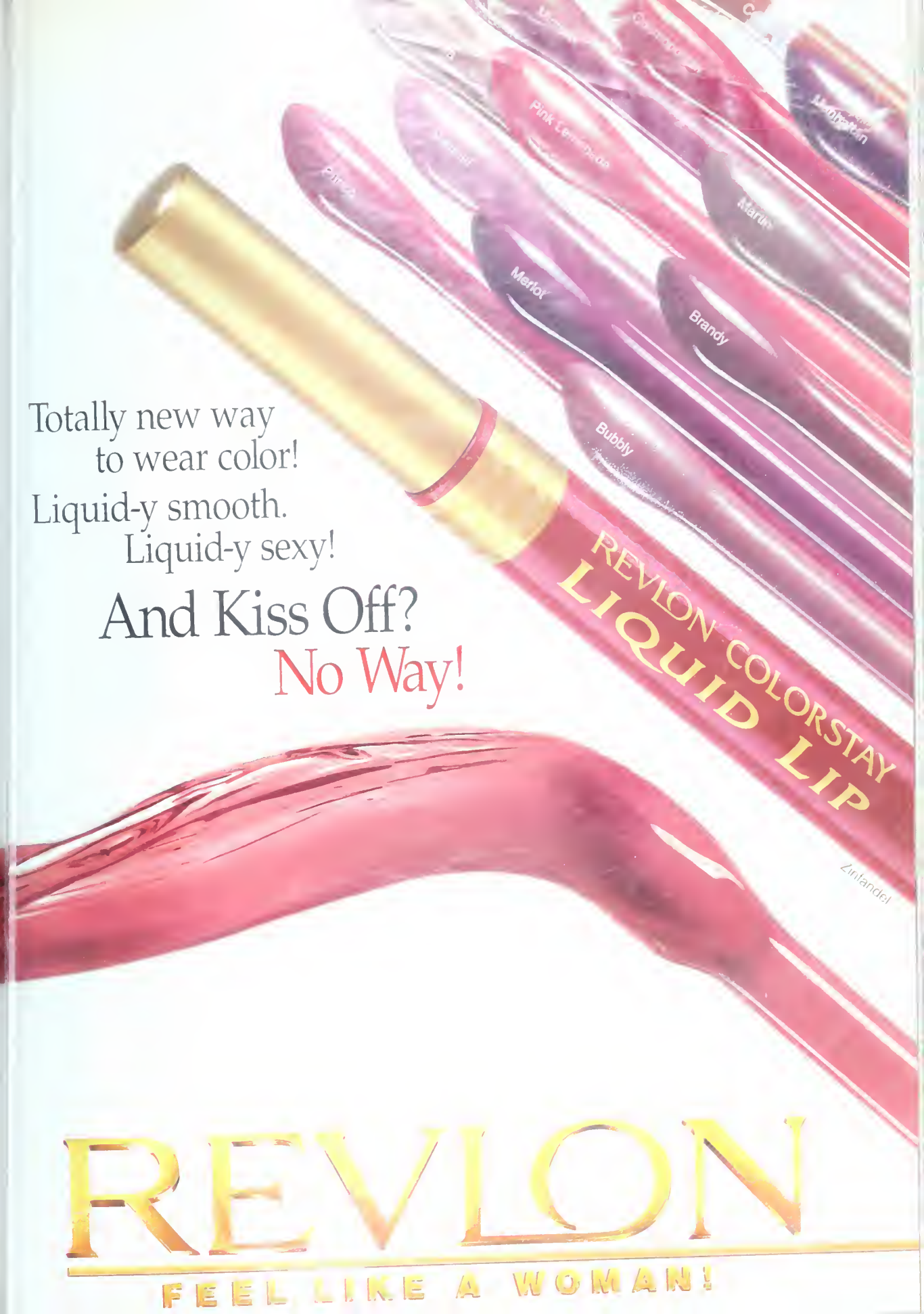
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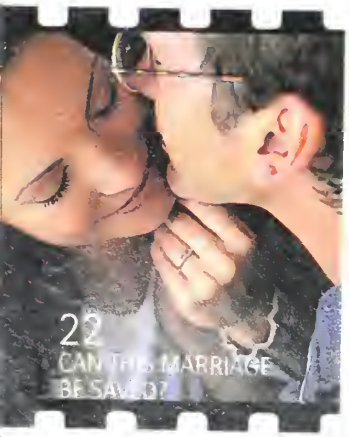
OIL of OLAY

PROVITAL

LADIES' HOME
JOURNAL
September 1999

99 WAYS TO LOOK BETTER, FEEL BETTER, ENJOY LIFE MORE, INCLUDING:











On the Cover

70 YOUR MAN A new column that explores subjects important to him. This issue: The monthly self-exam that men must do; Is he happy in bed?; and more.

72 REAL SOLUTIONS: OUT OF DEBT American credit-card debt is soaring. Find out how three families turned their financial lives around. By Sharlene K. Johnson

97 GOOD TIMES Ideas to help put more fun in your life.

106 TOXICVILLE With dozens of kids being diagnosed with cancer, some communities are wondering if exposure to poisonous chemicals nearby is to blame. Could the same thing happen where you live? By Andrea Rock

168 WOMEN TRENDS: 10 PREDICTIONS FOR THE NEXT CENTURY Find out what's ahead for women from the results of LHJ's Third Annual American Woman Survey. By Mary C. Hickey

176 BEST BETTE Bette Midler and the surprising new passion that has changed her life. By Melina Gerosa

188 THE WEIGHT-LOSS GAME Strategies to help win the battle of the bulge. By Pamela Redmond Satran

198 MAKE IT TEX-MEX Spice up dinnertime with fast, fun meals the whole family will love.

Back-to-School Bonus

138 From *Ladies' Home Journal* and the National PTA, what parents need to know for the new academic year.

140 KEEPING SCHOOLS SAFE Programs that curb violence. Plus, other top issues in education. By Donna Christiano

152 "HELP, MY CHILD HATES SCHOOL" Advice from experts on helping your child do his best.

156 WHAT PARENTS DON'T KNOW One high-school teacher provides a surprising glimpse into your child's day spent away from you. By Dan Montgomery

162 WHIZ KIDS These teens love music, sports, hanging out with friends—and they happen to be geniuses, too. By Ronny Frishman

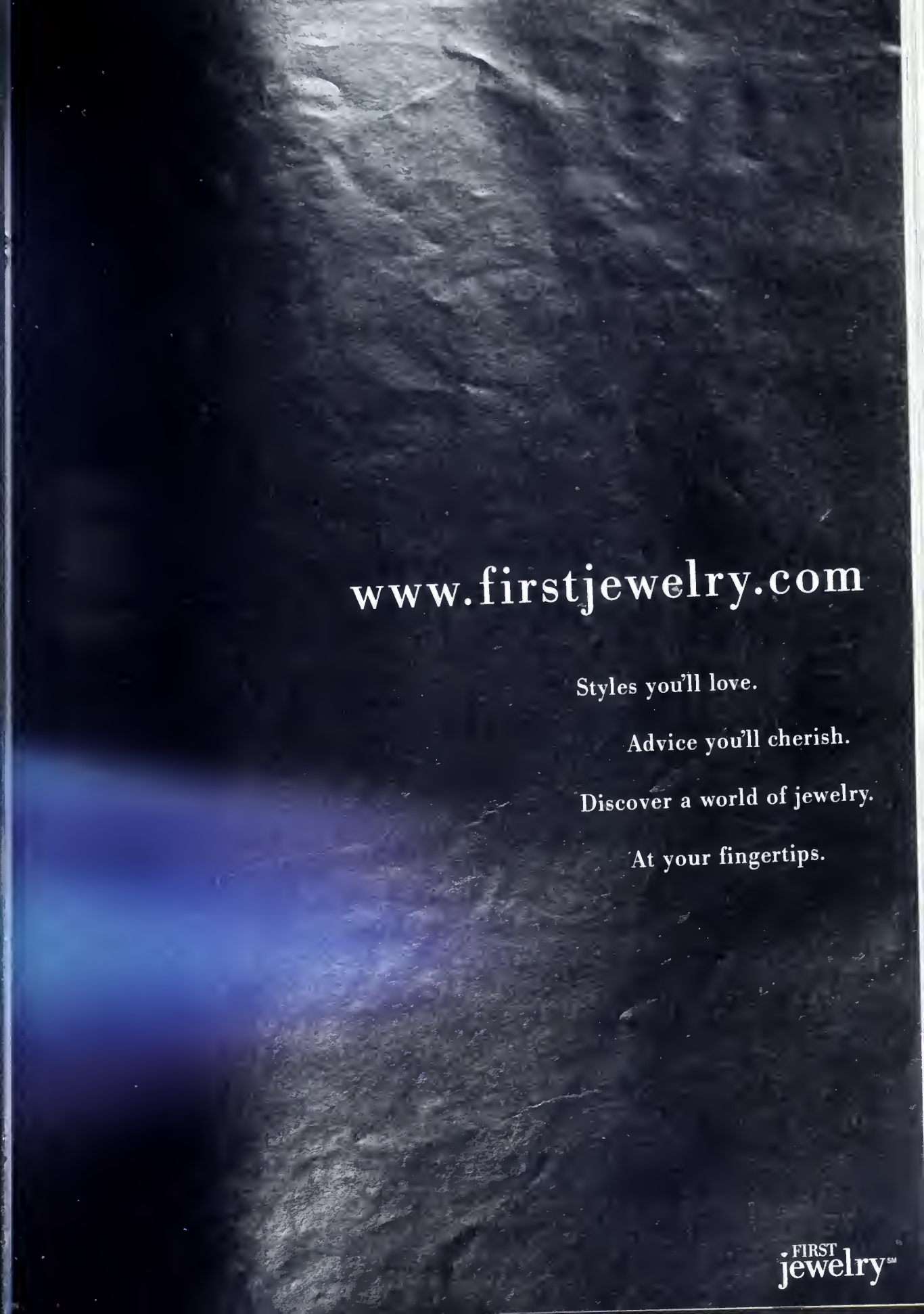
Health

64 HOW CLEAN IS IT? We put three workplaces to the test—could these same germs be lingering in your office? By Anna Roufos



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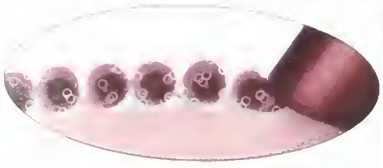

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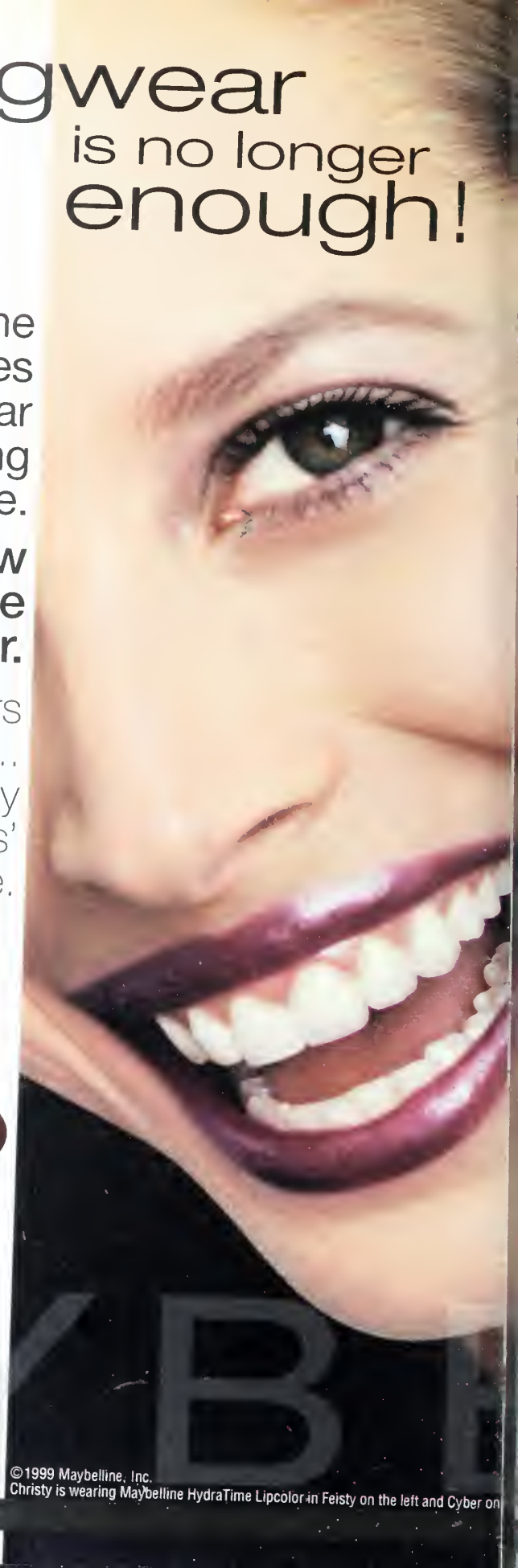
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SHE DID FOR LOVE When her husband was dying of a rare liver disease, this woman risked her own life to save him. By Lisa Collier Cool

People

FIRST PERSON "My Sons Aren't Like Other Kids" but this father has learned important lessons about love from his two boys just the same. By Patrick Callahan

MIND/SPIRIT "Seeds of Hope" Even in the midst of war and devastation, the author found glimpses of hope among some refugees of Kosovo. By Meryl Gordon

WHO GOES WITH WHOM? Try to pair up these women with their partners, then read their tales of true romance. By Lisa Lipkin

MY "INSTYLE" LIFE LHJ Contributor Melinda Marshall tried out everything from Gwyneth's lipstick to Minnie's mousse. Did going Hollywood glam up her suburban life?

ON THE ROAD WITH THE DIXIE CHICKS Meet country music's hottest trio. By Judith Newman

THE OTHER MRS. BUSH Laura Bush, the woman who would be First Lady, talks about the campaign of her husband (George W.), the problem he overcame and the mother-in-law she admires. By Kathryn Casey

Q&A: HIGH ON HUGH GRANT LHJ chats with the boyish star about surviving scandal, smooching Julia Roberts and living with love handles.

Beauty & Fashion

FALL '99 STYLE REPORT There's a lot to love about this season's crop of clothes: They go long on comfort, high on style. By Lois Joy Johnson

Home

THE KITCHEN OF THE YEAR The designers of this dream kitchen sure got the recipe right. By Kimberlee A. Waugh

Food

FOOD JOURNAL Three delicious and quick shrimp recipes to clip, save and enjoy!

TASTE TREND: OH SO SMOOTH Our fruit smoothies have a boost of energy in a refreshing treat.

THE PERFECT BLT This one will rival your deli's best.

JUST DESSERTS: TARTE TATIN Bake up a glorious apple caramel classic.

IN SEASON: EGGPLANT Check out the many new varieties of this deliciously versatile vegetable.

GUEST CHEF FALL'S BOUNTY An elegant soup by Tanya White celebrates the flavors of the season.

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LADIES' HOME JOURNAL

DATE: **September 1999**
FROM: **Myrna Blyth**
RE: **Exciting new design**

Welcome to the better-than-ever LHJ. We've freshened our look and added some exciting, new, up-to-the-minute columns and features

At *Ladies' Home Journal*, we are always tinkering and fine-tuning, trying to make our magazine as interesting as possible for our millions of readers. Over the last few months, we've been working on giving the magazine a fresh new look. The design you see on the pages of this issue is the result. We wanted to make LHJ brighter, more attractive and even easier to read and enjoy. We think we've succeeded, and we hope you do, too.



We're adding some interesting new columns and features, too. First of all, because LHJ is always focused on the news of the day and how it affects women, we've started an upfront news column (see "September Journal" on page 31). In another new feature, "First Person" (page 42), you'll find intimate stories each month from women as well as men, and even teens. Joining "Balancing Act" and "Know-How," which debuted over the summer, are "Your Man" (page 70) and "Good Times" (page 97), adding more flavor and fun to our lively mix.

Also, be sure to read in this issue the latest installment of *Ladies' Home Journal*'s American Woman Survey. For the past three years, LHJ has been conducting the only ongoing survey of American women, asking women all over the country how they feel about their lives. This year's report is especially exciting because it proves conclusively how much women have changed and will continue to change in the decade ahead. And, as always, *Ladies' Home Journal* is changing right along with you!

SOUND BITES

"I should have had more guts. I should have been more like Roseanne. Roseanne may have had a terrible reputation, but she got her way."

—Bette Midler, "Best Bette," page 176

"I have one love handle on the left side of my body . . . but my right side is rather dishy."

—Hugh Grant, "High on Hugh Grant," page 118

"Almost 50 percent of women expect that within the next ten years, women will be the main breadwinners in most families."

—"Women Trends: 10 Predictions for the Next Century," page 168

Let us know what's on your mind and what you think of our new features and new look. You can reach us via E-mail at lhj@nyc.mdp.com Or write to us. *Ladies' Home Journal*, 125 Park Avenue, New York, NY 10017.


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contributors' page



SCOTT THODE

Who he is: a New York–based photographer

His assignment: to spend two days traveling with George W. Bush's wife, Laura, photographing her for the story "The Other Mrs. Bush" (page 98).

His take on his subject: "I respect Laura Bush's desire to keep her family private. I know I wouldn't want photographers coming to take my daughter's picture."

Parting shot: "Laura Bush struck me as a very kind person, and I hope that aspect of her personality comes across in the photos."

"I am truly touched by the devotion it takes to be a living organ donor."

–Lisa Collier Cool, author of "What She Did for Love" (page 126)





PAM SATRAN

- The author of "The Weight Loss Game" (page 189) says diets have a predictable flow. "They all start out with a horrified look in the mirror and the best of intentions."
- "The middle of the diet is the hardest," she says. "There are so many twists and turns—losing weight becomes a game of strategy."
- "All diets come to an end," Satran reminds us. "And there comes a time when we all have to make some kind of peace with our bodies."

NINA BERMAN



Occupation: photographer, based in New York

Assignment: to illustrate the story "My 'InStyle' Life" (page 85), in which contributing editor Melinda Marshall sampled some of the, um, trappings of Hollywood celebrities.

Reaction: "We had a great time at the shoot. Melinda was the perfect photo subject. She was totally unself-conscious and willing to do anything in front of the camera—from painting her toenails in her underwear to cuddling with her husband in bed."



"There is astonishingly little attention paid to the health impact of our showers."

–Andrea Rock, contributing editor and author of "Toxic Vile" (page 106)

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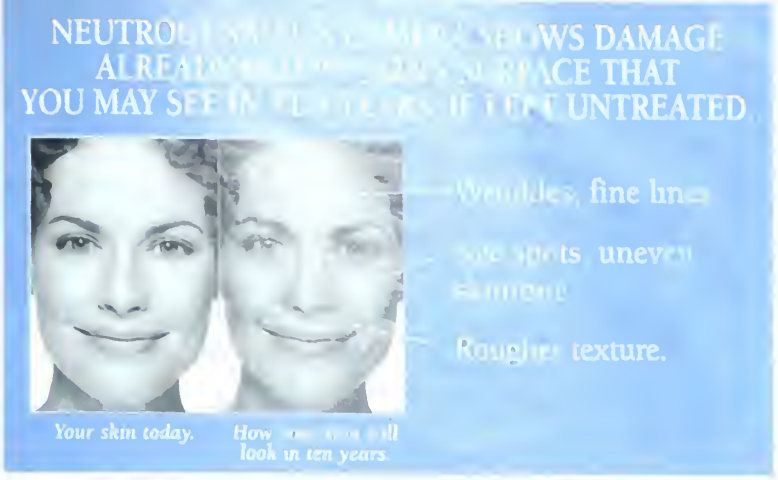
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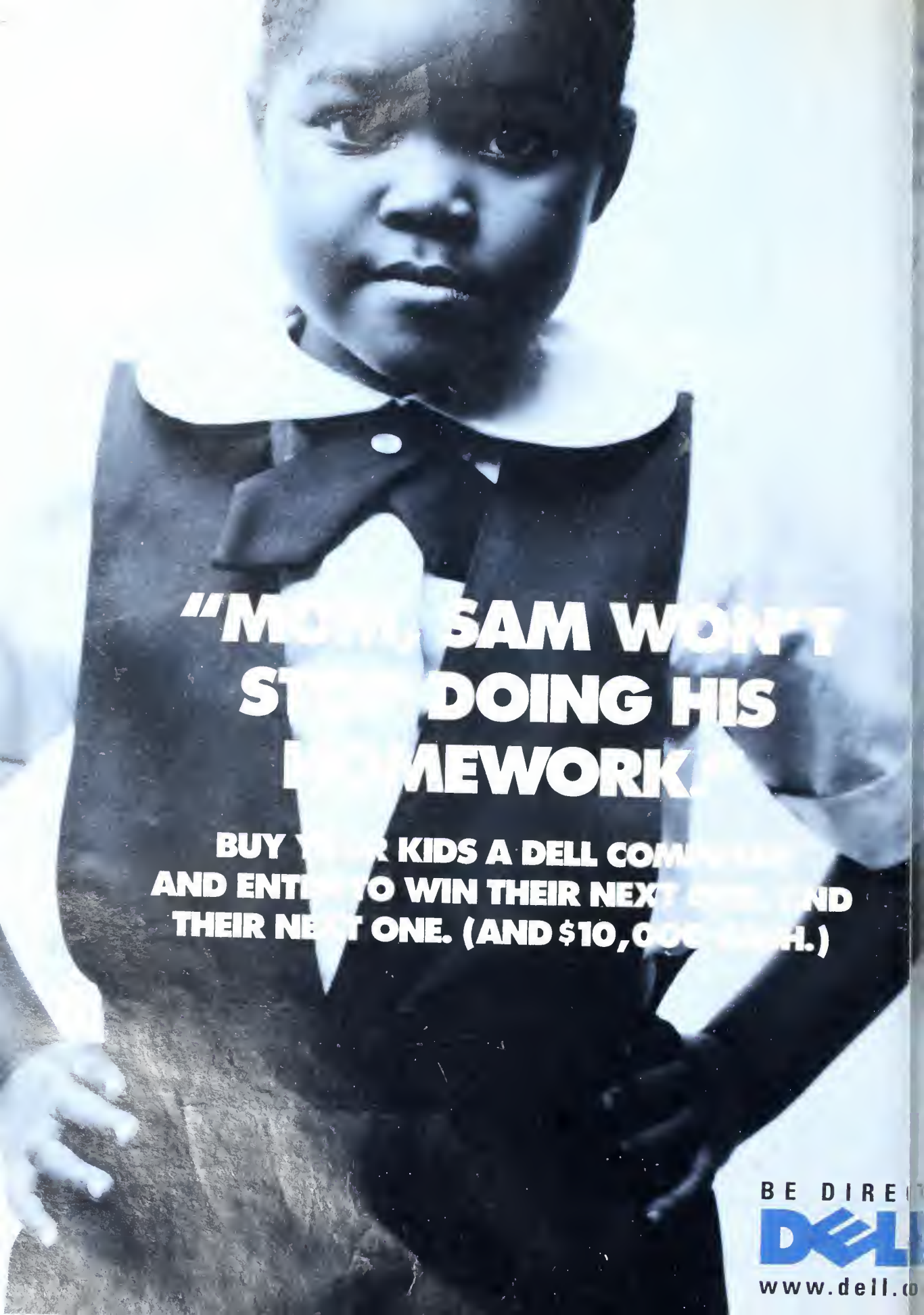
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Can this marriage be saved?



"I CAN'T FORGET My First Husband"

THIS MONTH'S CASE

RITA'S first husband, Tony, died a hero. KEN eased her grief—but the way he treated her children made them all miserable and left Rita longing for her old life. These two had to put the past aside and become partners **By Andrea Warren**

RITA'S TURN "Ken doesn't know this, but lately I've been visiting the cemetery where my first husband is buried," said Rita, thirty-eight, a slim brunet whose dark eyes were full of tears. "I touch Tony's gravestone, talk to him, cry and think about how wonderful life was when he was alive. Now, with Ken, I feel like I'm a widow all over again.

"Things were so much different with Tony. He reminded me of my father—very handsome, with a big heart and a nice word for everyone. We grew up in the same tight-knit Italian neighborhood in Chicago, with large, loving families. When I was nineteen, a friend set me up with Tony, who was in training at the police academy. We were married eighteen months later.

"Tony got a good job offer in the police department of a little beach town in Florida. We moved south. Gina was born not long after, and Nick arrived two years later.

"Tony loved police work almost as much as he loved being a daddy. He was completely devoted to the kids, and a wonderful husband—always bringing home flowers or leaving little love notes on my pillow. I always imagined we would grow old together.

"Then early one night, Tony was at home when he got a call to report for work; a store was being robbed and the gunman was holding the customers hostage. He quickly kissed the kids and me good night and left. Later, I watched the ten o'clock news and didn't hear anything about the robbery, so I went to bed.

"At five A.M., the shrill ring of the doorbell jolted me awake. I threw on a robe and went to the door, where friends from Tony's squad were waiting. In that instant, I knew what had happened. The robber had fatally shot Tony, then killed himself. After nearly ten years of marriage, I was a widow.

"That first year, I was in a fog of grief. Only the kids kept me going. I did everything I could to shelter and protect them, and yes, I admit I indulged them, *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case is based on interviews and information from the files of Diane Zeidwig, L.M.F.T., a therapist in private practice in DeLand, Florida. The story told here is true, although the names and other details have been changed to conceal identities.

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As a result, [illegible] a handful, but I [illegible] have the energy to do it with them.

"Then, three years after his tragedy, I met Ken, a new counselor in our school district. I'm a teacher's aide at the local high school, so I would see him every week. There was just this electricity between us. I never thought I could feel that way about a man again. He got along fine with the kids, and we all went on dates together to the movies and the zoo. Ken and I married just ten months after we met. I think Tony would have wanted me to be happy.

"It was great to feel like we were a complete family again. The kids even called Ken 'Dad.' But things changed quickly. I was counting on him to keep my son and daughter in line. Still, I was surprised at how demanding he was, barking out things like, 'I want it done, and I want it done *now*.' Tony had always been so gentle. I'll admit that Ken managed to get them back on regular bedtime schedules, but their behavior didn't improve.

"Rita portrays Tony as a perfect husband and father," said Ken. "How do I follow an act like that?"

When I told Ken to ease up, he accused me of letting them get away with murder. What did he expect? I wanted them to feel secure and loved. I'm like my mother, always kissing my kids and giving them little treats.

"One day about six months ago, I decided that I would lay down the law from now on. So I'm trying, but I'm not very good at it. It seems I never do anything right.

"As long as things are going well, Ken is loving toward me, and I enjoy being with him very much. But when he gets angry, he becomes cold and distant for days. Recently, he's stopped going with us to school events or the library or even out shopping. I might as well not have a husband at all.

"There's a cloud of gloom over me all the time. I've told Ken that I'm considering leaving. I love my husband, but I don't think I'm ever going to have a real family again."



KEN'S TURN

"I thought Rita was beautiful from the moment I met her, but I was also attracted to the caring way she treated people," said Ken, forty-one, a handsome man with light brown hair and a smile that made his eyes crinkle warmly. "I had waited a long time to get married, knowing all too well how disastrous marriage can be with the wrong person.

"My father, a former Army man, was a tyrant who ruled our house with military discipline. He often beat my mother, my three younger brothers and me, and he always putting us down. My opinion didn't count, and doesn't did I.

"With [illegible] affection my mother was capable of, she gave to my brothers never to me. I felt sorry for her because of what she endured, but I also hated her for never standing up for us, trying to protect us. She would actually walk out the door for days at a time when things got bad, leaving us behind to face our father's wrath.

"I left home for good after high school, put myself through college, and was determined to live a decent life. I took psychology classes so I could learn to understand people. Wanting to work with disadvantaged children, I eventually became a counselor.

"Having children of my own was never vital to me. But I do like kids, so the fact that Rita had two children didn't stop me from asking her out. At first, I thought my love for her was all that mattered, and I liked having the three of them depend on me.

"I quickly learned that Gina and Nick called the shots on everything. They watched TV all day, ate candy before dinner, went to bed as late as they wanted. The way Gina sassed her mother literally made my jaw drop, and Nick was always creating a racket and making messes.

"My goal was to earn the right to have the kids call me their father, which would naturally take some time. I wanted to be their friend first. Instead, Rita urged Gina to call me 'Dad' right away, which made me feel uncomfortable, especially since she wouldn't let me *(continued)*


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(continued) be a real father to her. Whenever I sent her to her room for disobeying or called her bluff when she threw a fit, she got very snippy with me. She'd do little hurtful things like kissing her mother and ignoring me when she came home from school. Even when she gave me a birthday card that said, 'I love you, Dad,' I could tell she really didn't.

"As for Nick, it was easy for him to call me 'Dad' because he was only four when Tony died and he didn't remember his father. I think he felt guilty about not being able to share his mother's and sister's sorrow, and that it shut him down emotionally in lots of ways.

"Rita expected me to become this instant combination of father and disciplinarian. Yet when I did my best to shape them up, she would take their side, undermining all my efforts. I tried to balance my bad-guy role by taking them places and doing fun things. If I made a mistake, I apologized. I think I'm a better parent than my folks ever were, but I just can't win. Rita's threatened to leave me several times, and that's the last thing I want.

"Finally, I decided I would keep to myself, be polite and pleasant and let Rita handle the kids. Maybe if I made life peaceful, she wouldn't threaten to walk out. I quit going places with them because I thought they would have a better time without me. I'm withdrawing from them out of love, not indifference. But it still hasn't improved my relationship with my wife.

"Occasionally I wonder if the problem is Tony. Sometimes I feel like I'm being compared to a ghost. The few times Rita has talked about him, she portrays him as a perfect husband and father, not to mention a hero. How am I supposed to follow an act like that?

"I love Rita, but I don't know if there's any reason to go on with this. If I could, I'd give a warning to all men: Think twice before marrying a woman with children."



"Having Ken's sympathetic attention was such a comfort that Rita let go of Tony"

THE COUNSELOR'S TURN

"It was clear the couple's problem was not about Ken's skills as a stepfather, but about him and Rita," said the counselor. "In their brief courtship, they'd had no opportunity to bond as a couple. Even their dates had always involved the children. Neither of them had worked at becoming partners.

"Ideally, in a family hierarchy, you have parents as partners at the top, with the children below them. But here, Rita, Gina and Nick were on top, with Ken below them. The power had to be redistributed.

"It took Rita a long time to understand this. For her, the kids had always come first, and she was willing to sacrifice her marriage for their sake. 'This is couples' counseling,' I reminded her. 'You have to leave your children outside the door while you're here.'

"Ken had been put in a no-win situation. Rita wanted him to be the disciplinarian, yet she criticized him when he tried to do just that. Also, a new parent must establish a relationship with the children built on mutual respect long before he or she begins to enforce family rules.

"I assured Ken that he was doing the best he could. However, he did need to work on softening his tone of voice; even at home, he sounded like a strict teacher. Though it was hard for him, Ken gradually became less rigid and talked more pleasantly. In the process, he eased up on Nick, and they didn't fight as often.

"As Rita helped to enforce rules, rather than rushing to her children's defense, Gina and Nick saw them as a united couple and viewed Ken as less of an adversary.

"Still, I knew Ken was hurt that Rita forced him to compete with her children for her attention, which was reminiscent of the way his mother had ignored him. During a difficult session, I told Rita to pretend to be Ken's mother and ask, 'What's it like living with me?' Ken slowly revealed how awful it had been. As they both wept, Rita rocked him in her arms and murmured, 'I'll never leave you.' It was a very powerful moment.

"They were then ready to establish themselves as a couple. I had them set up a weekly date night to focus on each other. I also told them to set aside time to share each day's happenings and their feelings.

"In one session, Rita said, 'I don't think Ken really understands how painful widowhood has been for me.' Indeed, he had no idea that she had been visiting Tony's grave. With a little coaching from me, Rita asked Ken to listen as she poured out her grief. Having her husband's sympathetic attention was such a comfort that she was gradually able to let go of Tony.

"By the final session, the couple had become strong and supportive. 'For the first time in my life, I feel I'm emotionally connected with another human being,' Ken said. 'I'm a lucky man.'" ■

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OLLOW-UP

DIANA'S LEGACY: THE BOTTOM LINE

wo years after Diana's death, he charitable foundation set up n her name has come under ome fire. Despite its mission to donate money to good causes, he Princess of Wales Memorial Fund has given just $22 million of the $150 million it has collected to charity. Millions have been spent on lawyers, accountants and media agents.

Most of the expenses were start-up costs, insists a fund spokesperson. But some British officials say Diana definitely would not approve.

—Christine Many



The charities that have benefited from Diana's memorial fund include the Elton John AIDS Foundation and the Osteopathic Centre for Children

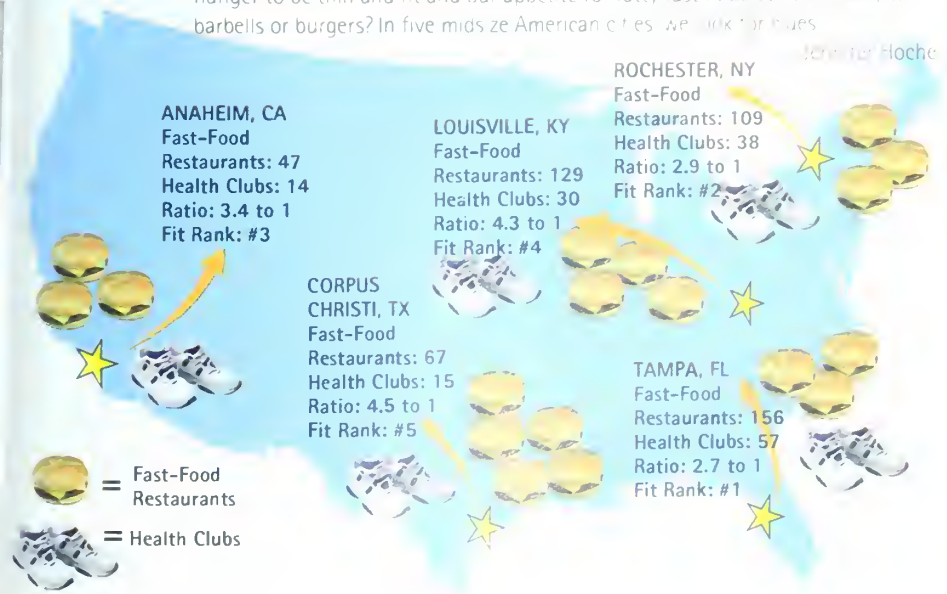


The people's princess

AMERICAN SNAPSHOT: FIT OR FAT?

They are, perhaps, the most at-odds aspects of the Ame[illegible] character: our hunger to be thin and fit and our appetite for fatty fast food. Which is [illegible], wins barbells or burgers? In five mids ze American c[illegible]es. We [illegible]k for clues.

Jeremiah Hoche



CALENDAR

Wed., Sept. 8 **International Literacy Day**, and the Literacy Volunteers of America (LVA) want your help. Forty million American adults suffer from functional illiteracy, to reach out, call 877-435-7582.

Thurs., Sept. 9 It's the ninth day of the ninth month of the ninety-ninth year, and as you might suspect, the **9/9/99** calendar shorthand we use is threatening to throw computers into a pre-Y2K frenzy. Apparently, the code 999 is used by some programmers to indicate "don't delete," which could cause headaches for the typo-prone, we suppose. Should you worry? Well, April 9, the ninety-ninth day of the ninety-ninth year, came and went, apparently without incident.

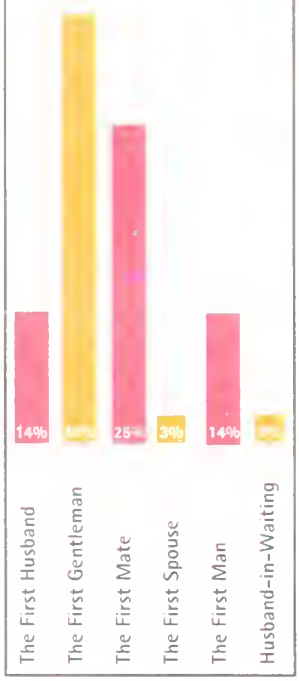
Sun., Sept. 12 Catch the **51st Annual Emmy Awards** at eight P.M. on Fox. Cheer the winners, but don't feel too bad for the losers—they join excellent company. Two of the biggest single-year losers of all, *Northern Exposure* and *The Larry Sanders Show* (both 0 for 16 nominations).

Sat., Sept. 25 is a busy day for **birthdays**. Mark Hamill (47), Heather Locklear (38), Christopher Reeve (47), Will Smith (31) and Michael Douglas (55) will all be blowing out the candles.

—Corinne Domingo ▶

PULSE POLL

Mrs. President. It sure has a nice ring to it. But should Elizabeth Dole, the first serious female presidential contender, or any other woman win the election, we'll need to invent a new title for her spouse. In a poll, we asked readers for their nominations:





NEVER UNDERESTIMATE THE POWER OF A WOMAN

The classroom meets the wrestling ring: Minnesota Governor Jesse Ventura and former teacher Mae Schunk are an unlikely political pair

It may have been Jesse (The Body) Ventura's smartest political move: Last year, he convinced Mae Schunk, sixty-five, a teacher for thirty-six years, to join him in the Minnesota governor's race. Schunk was sold when Ventura admitted he knew little about education and wanted "someone who'd been in the trenches."

She didn't realize that her running mate had once been a wrestler. "When I [found out], I said, 'Oh, no!' But I saw that he cared about kids and families."

Since their win, Ventura and his lieutenant governor have pushed for such education reforms as smaller class size. "Jesse has a strong character, and so do I," says Schunk. "We're a good match for the people of Minnesota." —Michael J. Weiss

MISS AMERICA REMEMBERS



On September 18, ABC will air the 78th Miss America Pageant. Sure to be watching is one of the most famous winners ever—Phyllis George, the only Miss America to ever receive a solid-gold crown.

But George's walk down the runway in 1971 was slightly tarnished. "I dropped the crown," recalls George, now fifty. "I had put a fall on top of my head to give my hair body, and the crown wouldn't pin on right. When I was walking, it fell and rhinestones scattered everywhere. I thought, Oh, my God!" Later, on his show, Johnny Carson teased George about the incident. "I said, 'I'm the klutzy one. But you'll always remember me!'" —Cheryl Sacra Paden



"I was mortified," says George of her crowning moment. "But I thought, This is life. It's not perfect"

JUST WONDERING

Oprah's Book Club selections have spawned sales of hundreds of thousands of books. We asked four of her chosen authors which book they would nominate to the club if they could.

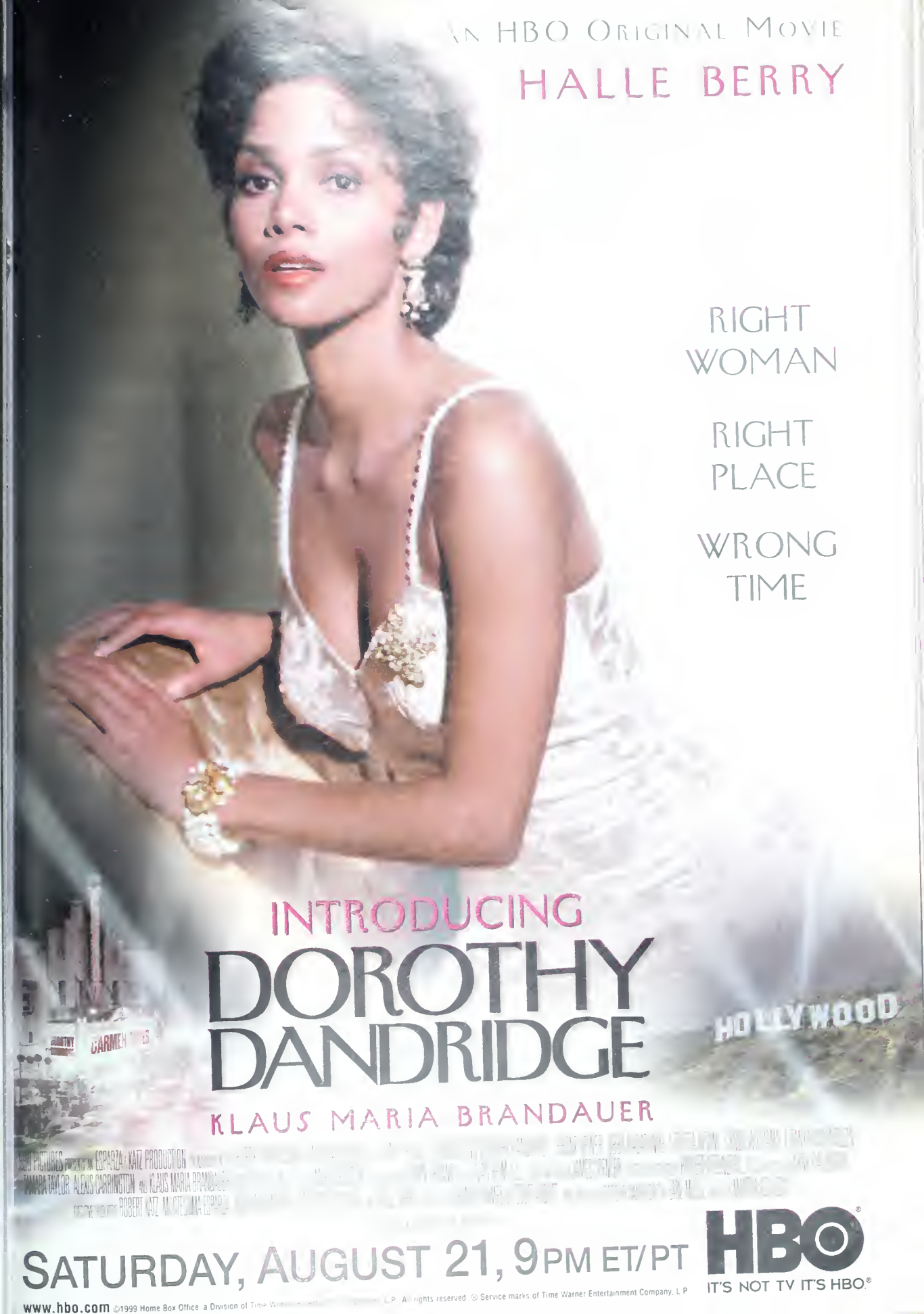
"*Fall On Your Knees* [by Ann-Marie MacDonald, Simon & Schuster, 1998], a saga about a tormented family, takes a lot of mad chances, yet remains extremely moving and tender."—Jacquelyn Mitchard, author of The Deep End of the Ocean (Viking Penguin, 1996), the first book chosen for Oprah's club in September 1996

"*The Transit of Venus* [Viking Penguin, 1990] by Shirley Hazzard, the story of two sisters. It's exquisitely written and would provoke great discussion."—Anita Shreve, author of The Pilot's Wife (Little, Brown, 1999), selected for Oprah's Book Club in March 1999

"*They Whisper*, by Robert Olen Butler [Viking Penguin, 1995]. A poetic examination of the male erotic imagination. His tenderness takes your breath away."—Janet Fitch, author of White Oleander (Little, Brown, 1999), an Oprah pick in May 1999

"Asha Bandele's *The Prisoner's Wife* [Simon & Schuster, 1999], a moving memoir of a relationship between a poet and a prison inmate."—Edwidge Danticat, author of Breath, Eyes, Memory (Random House, 1998), selected by Oprah in May 1998

—Alison Calabia



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beauty & fashion news



ON TREND: GROWING STRONG

The latest in hair-care products are based on a back-to-basics principle: If your hair isn't strong, it doesn't matter what else is going on with it. To the rescue: strengtheners that infuse the cortex of each strand with keratin protein and amino acids to repair damage and get you growing healthy locks. Try: Redken Anti-Snap Treatment, Wella Liquid Hair Restructurizer and Pantene Pro-V Strengthening Complex.

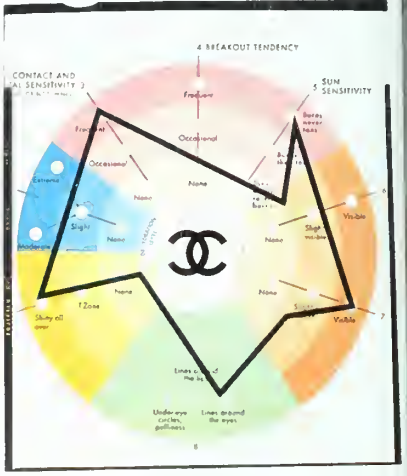
BEST BUY: TOE TREAT



Okay, so the pedicurist isn't included, but we can't really complain: For a mere $3.99, All Season Nails Cucci-Cucci Pedicure Kit includes everything else for the perfect pedicure—foam slippers, toe separators, a birchwood stick, a sanitizable nail file, and a brush, all in fun and funky colors. Available at Sally Beauty Supply.

NO PROBLEM: HIGH-TECH SKIN CARE

No plainly obvious "your skin is dry" analysis here: Chanel's Précision is a new interactive profiler that gives you a personalized prescription of products to suit your skin's needs. The computer lists products by what you need now and what can wait.



MORE BEAUTY, LESS EFFORT: AGELESS HANDS

Get your mitts on these creams that are like skin care for the face. Extras range from exfoliators to lighteners to sun-protective treatments



Clarins Age-Control Hand Lotion: Japanese mulberry lightens pigment and SPF 15 protects against age spots



Curél Antioxidant Moisturizer: Glycerin soothes dry skin; vitamin E fights premature aging



Bath and Body Works Healing Hand Cream: Shea butter gives intense moisture; fruit acids exfoliate

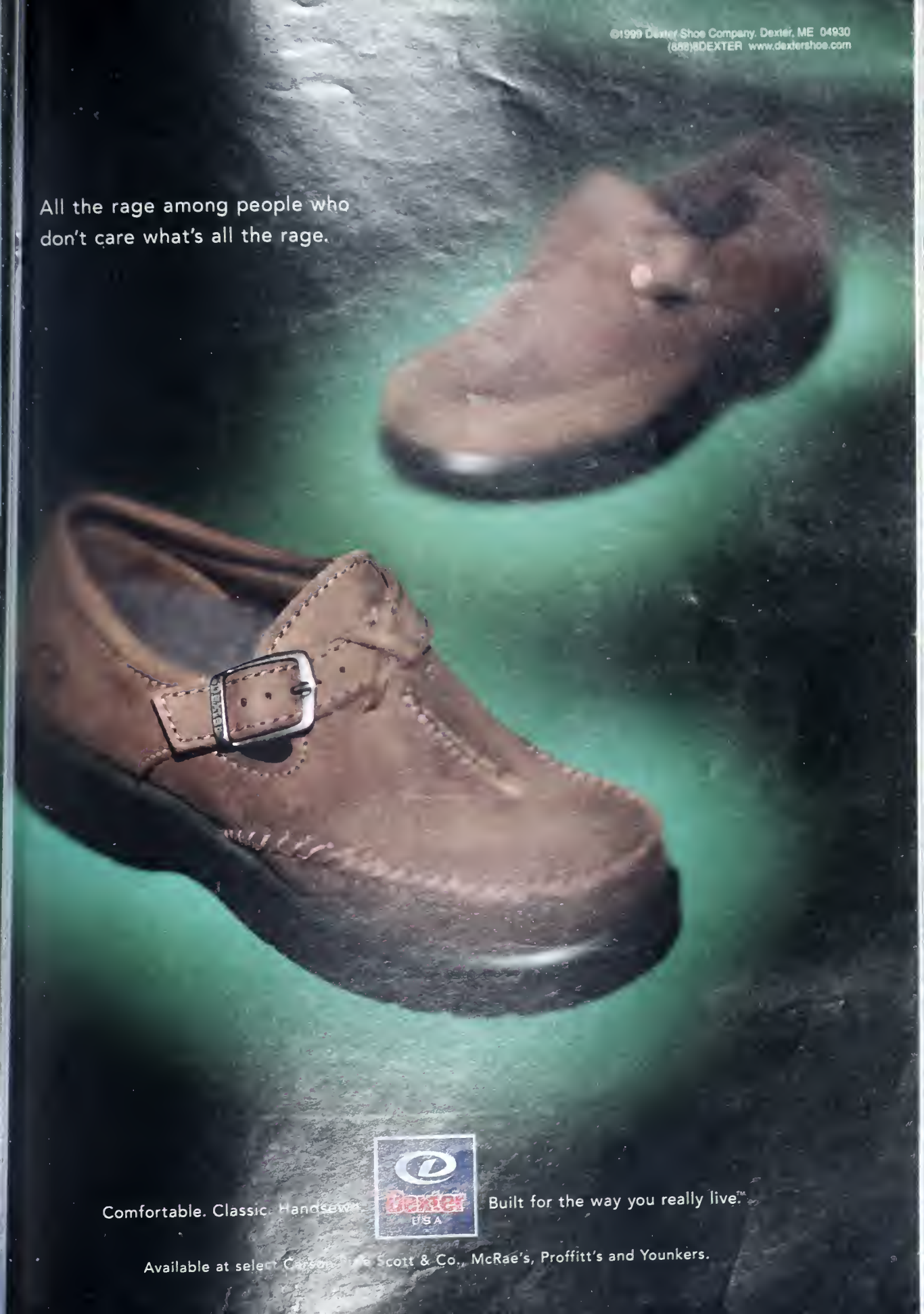


Vaseline Solutions Young Hands: AHAs smooth roughness; SPF 15 protects from sun damage

CELEB PICK



As Nelle on *Ally McBeal*, Portia de Rossi often sports a big twirly topknot. But when she lets her hair down, her enviable curls defy gravity with the help of ARTec aeromousse, a mousse/gel that adds fullness and shine without weight. Apply to wet hair; blow-dry.


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LIP service

With new formulas, textures and the prettiest color choices, lipstick is talking a whole new talk



AT LONG LAST,

long-wear lipsticks won't leave your lips screaming, "More moisture, please!" Now these stay-put sticks are loaded with emollients such as silicone, petrolatum and vitamin E that give lips a hydrating boost *and* lasting color. New to try (left, from top): Lancôme Weightless LipColour in Cherub, Maybelline Hydra Time in Delight, Estée Lauder Futurist Lipstick in Sultry Blush, Sears On and On Comfort Lipstick in Bud, and Avon Hydra Finish Lip Color in Berry.

ALL WET



Revlon ColorStay Liquid Lip in Iced Espresso

MAC Lipglass in Nico

L'Oréal Rouge Pulp Liquid LipColour in Strapless

Clinique Liquid Lipstick in Teddy Bear

Laura Mercier Lip Glacé in Raspberry

Sally Hansen Colorfast High Shine Lipcolor in Luscious

Estée Lauder HighShine Lip Lacquer in Natural Light

The wands at left may have you thinking that the sticky, goopy glosses from the seventies are back. Relax: They're the Liquids, the latest in lightweight lip color. Slick one on for a smooth feel, high shine and great, full color.

Mmm, minty-fresh



Kiss those breath mints good-bye. Here comes a lipstick with creamy color that freshens breath, too: Elizabeth Arden Lip Lip Hooray! SPF 15 is infused with menthol, mint flavor and zinc citrate, a combo that helps kill malodorous compounds in the mouth.

LIP LOOKS

Sometimes it's shine you're after, sometimes it's rich color, or a barely there tint. Here, a guide to the formulas to get you the look you want

STAIN	**The ingredients:** A dye that literally stains lips	**The look:** A dry finish that changes lip color
MATTE	**The ingredients:** Volatile silicones that instantly evaporate, leaving pigments and waxes	**The look:** Full, even no-shine coverage with color that lasts
SATIN	**The ingredients:** Oils and polymers that lubricate lips	**The look:** A low-shine gleam between a matte and a gloss
CREAM	**The ingredients:** Oils, polymers, pigment, wax and vitamins	**The look:** The classic rich, moist, opaque mouth
TRANSFER-RESISTANT	**The ingredients:** Volatile silicones that vaporize fast and set the color	**The look:** No-smear color, lasting six to eight hours



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THE SWEATER, BETTER

For fall, the classic button-down cardigan has evolved with details both trendy and nostalgic, in materials and styles made for comfort



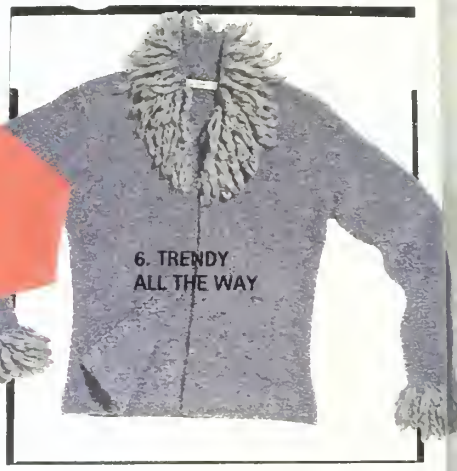




1. A sweatshirt-style cardigan is comfy casual wear (Jones New York, $69). 2. A boxy, Nordic-inspired wool sweater keeps you both warm and in style (Old Navy, $32). 3. A cotton twinset in timeless gray offers a body-skimming fit year-round (Gap cardigan, $42; shell, $29).







4. Substantial ribs give this mock zip-up a streamlined silhouette that can sub for a jacket (Jones New York, $79). 5. This orange lambswool baseball-style sweater jazzes up a closetful of neutrals (Old Navy, $28). 6. Shaggy wool cuffs and collar are irresistibly chic (Free People Urban Outfitters, $68).







7. This bouclé crew pairs with a black dress or pants for quick evening polish (Bebe, $89). 8. Flatter an hourglass figure with this jacket-style merino wool cardigan (Liz Claiborne, $99). 9. Slimming ribs and a V-neck mask a full bust, or use it for a throw-over-the-shoulders accessory (Gap, $42).

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Because of a rare medical condition, my boys and I will never have a normal father-son relationship. But they've taught me important lessons about love and family

By Patrick Callahan

"My Sons AREN'T Like Other Kids"

"There is an empty room just down the hall if you and your wife wish to be alone for a moment." This was how our meeting was concluded with doctors from Children's Hospital in Philadelphia on a warm spring day in 1990. The verdict was in on my then-two-year-old son, Sean, and it carried the same sentence as for his older brother, Matthew, then six. Both of my sons have a condition called fragile X syndrome, a "kink" in the X chromosome that severely impairs a child's mental development. There is no cure.

I had so many dreams of fatherhood: teaching my two sons to ride a bike, playing ball, even answering their numerous "Dad, why is . . ." questions. A man looks forward to shaping the very lives of his children, preparing them mentally and spiritually for the rigors of being an adult. But for me, this shaping would be very different.

Matthew is a big, strapping boy who has already reached his mother's height and is now perilously close to eyeballing me. He is very handsome, with light blue eyes and wavy brown hair. To see Matt sitting on his swing in the backyard, you would at first glance think he's just a regular kid. But the you notice that he's talking to himself—indeed, you notice the oddi of a fourteen-year-old even sitting a swing for an hour at a time.

Matt has a limited vocabulary an reads at about a first-grade level. H mom assigns him chores; he dresse himself, makes his own lunch an does his homework each night. I tak Matt to eight-thirty A.M. Mass ever Sunday, where he knowingly follow the routine of standing, kneeling an sitting. Routine is vital to Matt; t deviate separates him from his own cloistered world and forces him t deal with ours.

Sean doesn't talk. His vocal skill are limited to a daylong cant o hums and squeals. He communicates via a machine that speaks for him, called a "touch talker," o by pointing to pictures of objects he wants that my wife, Jean, has posted on our refrigerator door. Sean is like a terminator: He will just keep coming at you until he gets what he's after. He eats only mashed potatoes with gravy, vanilla *(continued on page 48)*



Sean, now ten, and Matthew, fourteen, share the same disorder. But their development is quite different. Matt can talk a little; Sean can't even say the word "dad"


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Shown actual size of 5" tall

"Gina"

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Remember the magic of the merry-go-round? The calliope music filled the air as you sat tall in the saddle of your brightly painted steed. You rode up and down in the warmth of a summer evening as the sights, sounds and smells of the county fair whirled around you!

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Subscribers to the ***Cherished Teddies Car[illegible] Collection*** will receive one new figurine each m[illegible] and may cancel their subscriptions at any time wi[illegible] obligation. Our 30-Day *100% Satisfaction Guar[illegible]* assures you order risk-free. Relive the magic enchantment of the carousel with the first-***Cherished Teddies Carousel Collection***! Reply to

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"To Protect My Family and Tribe, I Offer a Prayer to Father Sky"





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(continued from page 42) yogurt, pancakes and mountains of pretzels. Sean can destroy the neatest room in minutes. We keep all the doors locked and the yard fenced because he wanders off. On many occasions, Jean and I, upon realizing how eerily quiet the house was, have bolted out the door and run around the block to find Sean happily crossing the street. Sean is not a handful; he is a full-time armload.

Sean is also diabetic. Last summer he caught a cold he couldn't shake, started losing weight, and developed a seemingly voracious thirst. A second visit to his pediatrician, a urine test and another crushing blow: My younger son now faces a lifetime of three needles a day. I remember thinking as I practiced plunging a hypodermic into an orange, Is this really happening? How are we ever going to pull this off?

Jean bears the brunt of it all. It is she who has to clean up the messes, get the boys on their respective school buses, see to it that homework is done and take them to therapy. Most nights she collapses around eight or eight-thirty from both the mental and physical exhaustion of it all. For Jean there is no day care, no goals of being a working mom. Her full-time career, with no retirement option, is to raise two disabled children.

As the chief financial officer of a diversified real estate and construction group, my salary is such that Jean need not work outside of the home, and the boys can get therapy, swimming lessons and whatever else they need. However, my job requires a lot of hours, taking me away from the boys and further exhausting Jean. Like my dad, I need to do more to nurture my kids and support their mother. I need to read to Sean instead of eating dinner right away when I get home, or have a catch with Matt as opposed to watching the game, or just take them out for a walk and let Jean relax for fifteen minutes.

So what happened to our family and why? What *is* fragile X syndrome? We know that it's a genetic disorder that can also cause autism. In fact, when we first recognized that something was wrong with Matt (when he was about eighteen months old), the early diagnosis was simply autism, which randomly affects one in five hundred children. At the time, Matt was tested for fragile X, but the procedure was not as sophisticated in 1987 as it is now, and the test came back negative. Jean and I simply did not know, when deciding to have a second child, that Matt, in fact, had fragile X and that any male sibling would almost surely be afflicted. (For more information on the syndrome, see "What Is Fragile X?," right.)



For my wife, Jean, caring for our sons is a full-time career

Would we have had Sean if we knew the whole story? We've talked about this, but it's truly hard to say. We desperately wanted another child, but had the doctor said straight-out, "Your next boy will be disabled," I just don't know what we would have done.

Our sons' world is like a cocoon, where everything is *(continued)*

WHAT IS FRAGILE X?

The source of fragile X—which affec one in 2,000 males and one in 4,000 females—resides in a single gene located on the X chromosome. Normally, the gene contains a patter of DNA that repeats five to fifty tim explains Randi Hagerman, M.D., direc of the Fragile X Treatment and Research Center at The Children's Hospital, in Denver. In fragile X carri this pattern expands, repeating as m as two hundred times. Those born wit this mutation usually won't suffer an ill effects. But when the pattern pass to the next generation it may repeat, up to two thousand times. "This expansion interferes with production a protein important for brain development," says Hagerman.

If a woman carries the gene for fragile X, a son will probably inherit i and have the syndrome (one in every 259 women carries this gene). Father never pass the trait to sons. Symptom for boys can include learning disabilities, language problems, autism or mental retardation.

For girls, the impact is generally les severe. Females can pick up the errant gene from either parent, but one normal chromosome compensates for the second's defect. Girls may have learning and speech difficulties and exhibit social anxiety. For both, subtle physical abnormalities such as elongated faces can develop as childre grow. Special education, physical therapy and medication can help.

"Once you identify somebody with fragile X, you find multiple carriers in the family tree," says Hagerman. "It isn uncommon to see families with more tha one affected child." For more information call The National Fragile X Foundation at 800-688-8765. —Mary Mert



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muted and out of focus. When faced with a room full of company or a loud TV set, they place their hands over their ears and hum, as if to block out the outside noise. Picture yourself in a descending airplane, when the pressure fills your ears and you hear a rushing sound. I think Matt and Sean hear that noise every second of the day.

But there is one thing on TV Sean loves to watch: ice-hockey games. For some reason the announcers, with their incessant, staccato chatter, provide him an intense sensory experience. "Calm down, little fella," I will gently admonish him, as Sean, sweating and red-faced, glares at the screen, barely a foot away. Is he enjoying it? I don't know; it's more as if he craves the sensation of sound and video. Eventually, he overdoses and runs off on a path of destruction.

Matthew, in addition to an all-pro eating regimen, loves videos, swimming (once in the pool, he won't come out for hours), and always carries a wooden guitar given to him as a birthday gift. He goes into my office at home, closes the door and waits for us to urge him to come out to do an encore with his trusty guitar. After much chanting of "Mat-thew, Mat-thew!" he emerges, beaming and bowing, only to turn without playing a note and go back into my office to await another curtain call.

"When I'm in the company of other dads, they don't even ask me about my kids"

But while their disability has robbed my sons of nearly all their potential, it has also enriched them with a purity and goodness, a vulnerability that makes me love them so much it aches and a need to protect them at all times from any danger or slight. And there are plenty of slights: the unabashed stares of children, gawking at Matt in church or maybe Sean at the other parents watching as I el into the swimming poo YMCA, a big blue safety b his waist; the half-size schol they board that might as w "DISABLED" stenciled a o front bumper. Instead of coa tle League or teaching ther a shot, I've learned to stare ba offending person until he or away, pretending they were in the first place. I've told Je times, after she recounts a sin "It's us against the world When push comes to shove, Jean and me. That's just the w

Sure, our respective familie My brother, Tom, is a great s comfort to me and he tries ha to Matt. Jean's brother, Jo good outlet for her. But there's only so much they can same goes for friends. Many know of a family raising a t child. But how many are two Despite their good efforts—al are halfhearted at that—people comprehend what is involved ing two autistic children. My fr can talk to other fathers abo kids' soccer coach or music a but when I'm in their compan same guys don't even ask me b kids are doing.

This is fatherhood to me. question why, or rant at the st what it is. Perhaps other pare children can learn from my so have, to be patient and appre good things. I know I'll nee ounce of that patience duri rough years ahead.

Each night, Sean is the firs to bed, at about eight-thirty nights he'll already be asleep time I get home from work into his room and watch him dim starlight, the tears well knowing he'll never hit the winning home run, have a b party or say my name. "Good little son," I say to him. " loves you." Sean smiles in his his father's voice a reassurin stant in his world. "He lov very, very much." ■

foundation sensations



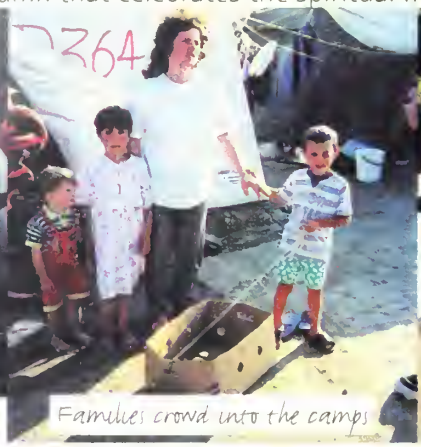
Fall makeup techniques

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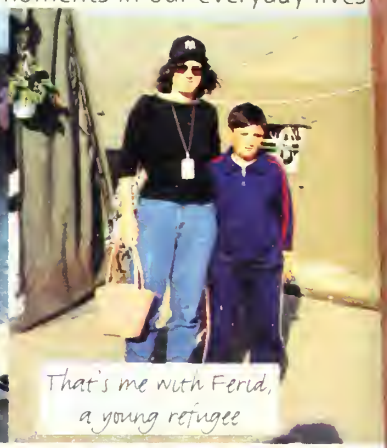
This month, LHJ introduces a new column that celebrates the spiritual moments in our everyday lives



Women are exhausted, the children were still eager to play



Families crowd into the camps



That's me with Ferid, a young refugee

Seeds of **HOPE**

Even in the midst of war, devastation and thousands of shattered lives, I found glimpses of life and joy in Kosovo

By Meryl Gordon

Last spring, I got a chance to visit the refugee camps in Macedonia with my journalist husband. Reading newspapers and watching the TV news reports about the war in Kosovo had made it seem so far removed from my own experience that I felt I needed to see it for myself. I was braced for misery—and it was there. But what I wasn't expecting were the amazing uplifting moments.

We arrived at Blace—the main Macedonian border crossing with Kosovo—in May, during what turned out to be the final weeks of the war. In just four days, twenty-eight thousand Albanian refugees had come across this single border crossing. A bus loaded with newly arrived refugees pulled up; a few weary people staggered off, while others yelled out the windows—raw, disjointed tales of terror and torture.

Walking alongside the bus, I spotted a little girl, perhaps two years old, pressing her face and fingers to the window. I instinctively pressed my fingers against hers across the glass. She shrieked with delight, and her weeping mother looked up in surprise and beamed. A little boy then tapped the window, eager to play patty-cake with me, too.

I ran the length of the bus, playing with the kids, making goofy gestures. Reporters are supposed to be objective, but at that moment all I cared about was making people smile.

Later, I visited the refugee camps, which had all the charm of makeshift prisons. Wandering around, introducing myself as an American reporter, I was startled—and overwhelmed—by the reactions I got. Refugees hugged me as if I had personally led the NATO charge. A teenage girl tried to give me her silver ring as a symbol of friendship. They were so grateful for American intervention that they wanted to thank someone, anyone.

Ferid Reja, an eleven-year-old boy, came shyly over, seeking a confidante. "I seem okay," he said, "but I'm crying inside." Ferid had lost his parents while hiding in the mountains, and didn't know if they were dead or alive. His voice trembled as he described witnessing a massacre—a man with his head cut off, another with his heart ripped from his chest. "Every time I try to go to sleep," he said, gazing at me with pained brown eyes, "I see it." Leaving the camp, I felt despair at mankind.

And then I noticed the balls. Red, green, blue, purple—hundreds of splashes of bright color. Wherever I looked, children and adults were playing impromptu games with the playthings, donated by a relief-agency worker. I had never realized how many entertaining things one could do with a ball: bounce it, throw it, organize a soccer game, shoot hoops.

Four small boys tossed a ball in my direction, recruiting me for a game of catch. The pure joy on their faces was a revelation. Atrocious things had happened to these children and their families, yet they could still laugh with glee at the simple bounce of a ball. The despair I'd felt just a moment ago was displaced by a comforting sense of hope. People do heal. Life does go on.

And for me, now back home, the day-to-day ordinariness of normal existence has become nothing less than a blessing. ■

Meryl Gordon frequently writes about politics.



One bright moment

Virginia Platisha, r newest milk tache celebrity, as cooked up $5,500 winner



e Caramel Bread Pudding

- bread
- ing apple
- weet
- ces
- ed pecans
- aramels
- e MILK
- butter
- 3 slightly beaten eggs
- ½ cup packed brown sugar
- 2 teaspoons vanilla
- ¼ teaspoon salt
- Ice cream or whipped cream (optional)

into cubes (about 7 cups). Peel and Spread bread cubes in a lightly greased angular baking dish. Sprinkle with ple, chocolate pieces, and pecans.

ium saucepan cambine caramels, 1 cup milk, and the butter. Cook and stir over heat until caramels are melted. Add at free milk; heat until mixture just begins round edge of pan. Remave fram heat.

tir milk mixture into beaten eggs. Stir in r, vanilla, and salt. Paur aver bread ss lightly with back of a large spoon bread cubes.

a 350° aven far 35 ta 40 minutes ar inserted near the center comes aut clean. serve warm with ice cream ar whipped kes 8 servings.

ACTS PER SERVING: 329 CAL., 9 G PRO., 50 G FAT, 85 MG CHOL., 1 G DIETARY FIBER, AND 347 MG VALUE: 15% CALCIUM.

ngratulations to Mrs. Platisha who won the $5,500 Grand Prize in the second "Best Milk cipes in America" contest for her Chocolate-Caramel Bread Pudding. Cooking with milk is e of the best ways that Mrs. Platisha uses to ensure that her family enjoys three glasses of k each day. What an ingenious way to add both flavor and nine essential nutrients, luding calcium, vitamin D, protein, and potassium. Try this chocolate, caramel delight. e kids will never guess how good it is for them.)

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e cookbook with purchase of ony 2 gallons of MILK from your grocer. Available in stores in September; voiloble in oll stores. Offer good while supplies last.

LOOK FOR THE 32-PAGE WINNER'S COOKBOOK*

Who Goes With WHOM?



There's more to a romance than meets the eye. Try to guess which of these men and women are couples. (The truth may surprise you!) Then, turn the page for details of their offbeat relationships **By Lisa Lipkin**


With so many different snacks,
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Darla's idea of a perfect game is any game that ends with Cheez'n Crackers.
Ditto for Debbie, just make it Chocolate Pudding. So how do you keep 'em friends?
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FINE WRINKLES BROWN SPOTS ROUGHNESS?

ASK YOUR DERMATOLOGIST ABOUT RENOVA®, FROM THE MAKERS OF RETIN-A®.

RENOVA, WITH A TOTAL SKIN CARE PROGRAM, WORKS.

When sunscreens and moisturizers are not enough, ask your doctors about adding RENOVA. RENOVA is unlike any cosmetic wrinkle cream. It is a prescription cream that is proven to work when used in combination with a total skin care program including sunscreens and protective clothing.

Because RENOVA is a prescription cream, you won't find it on any cosmetic shelf, you'll need to see your doctor. And while it won't work overnight, it can work for you.

HOW RENOVA AND RETIN-A ARE THE SAME. AND DIFFERENT.

RENOVA is a rich emollient cream whose active ingredient is a vitamin A derivative like the one naturally occurring in your body. It's called Tretinoin. The same active ingredient in RETIN-A.

But while RETIN-A is formulated for acne-prone skin, RENOVA is a rich emollient cream developed to treat fine wrinkles, brown spots, and surface texture. Leaving your skin with a softer, smoother texture. While not fully understood, researchers believe RENOVA works in the skin to reduce these signs of sun damage.

Like other prescription medications, RENOVA has been tested for safety and effectiveness. While it will *not* eliminate wrinkles, repair sun damaged skin or reverse the aging process, it is proven to *reduce* fine wrinkles, *fade* brown spots, and *smooth* roughness.

When you use RENOVA, you can expect to experience some redness, itching, or flaking. These are most often mild, and most common when treatment is started. When using RENOVA, or any cosmetic wrinkle cream, you should limit exposure to the sun and always use a sunscreen.

RENOVA is not appropriate for everyone, so talk to your doctor if you are on other medications, pregnant or nursing. See attached information for further explanation on who should or should not use RENOVA. RENOVA is a skin irritant. Results of use beyond 48 weeks have not been established in controlled clinical trials. Clinical trials in those over 50 or with moderately or heavily pigmented skin have not been conducted.

Call today for your FREE information kit and $10 savings.

1-800-64-RENOVA

www.wrinklereport.com

Fine Wrinkles

Before



After



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents minimal improvement. 64% of patients experienced either minimal(40%) or moderate(24%) improvement. 36% experienced no improvement.

Brown Spots

Before



After



All before-after photographs are completely unretouched. Results are after 24 weeks treatment with Renova and a total skin care program, including sun protection. Photo represents moderate improvement. 65% of patients experienced either moderate(38%) or minimal(27%) improvement. 35% experienced no improvement.

See following page for important information. *© OPC 1999 04DD3086*

RENOVA®

(tretinoin emollient cream) 0.05%



RENOVA®
(TRETINOIN EMOLLIENT CREAM)
0.05%

RENOVA® (re-NO-vah)
Generic Name: Tretinoin Emollient Cream (0.05%)
FOR TOPICAL USE ON THE FACE ONLY

Patient Information

What is the Most Important Information about RENOVA?

RENOVA is a serious medication that does not eliminate wrinkles or repair sun-damaged skin. It may help treat fine wrinkles, spotty discoloration, and rough feeling skin, but it does not "cure" these conditions. RENOVA should be used under close supervision of your health care provider as part of a broad skin care program. This program should include avoiding direct sunlight by using protective clothing and sunscreens with a minimum SPF of 15, and not using other irritating or stimulating facial creams that do not contain tretinoin.

You should use RENOVA only at bedtime. Do not use drying skin care products. Use the smallest amount of RENOVA needed and avoid getting it in your eyes, ears, nose or mouth.

WARNING: Do not use RENOVA if you are pregnant or attempting to become pregnant. Avoid sunlight and any other medicines that may increase your sensitivity to sunlight (see below).

RENOVA is not recommended for people who are over 50 years of age or in people with moderately or darkly pigmented skin.

What is RENOVA?
(WHAT CAN I EXPECT FROM RENOVA?)

RENOVA is a skin medication that may help treat but will not "cure" fine wrinkles, spotty skin discoloration and rough feeling skin.

Studies show that after 24 weeks, about 30% of the people who used RENOVA for fine wrinkles or spotty discoloration had moderate improvement, another 35% had minimal improvement and 35% had no improvement. Of the people who used RENOVA for rough skin had moderate improvement, 35% had minimal improvement and 49% had no improvement. There is no evidence that RENOVA treats coarse skin, deep wrinkles, aging skin or other skin problems.

RENOVA is to be used as part of a broad skin care program. This program should include avoiding direct sunlight by using protective clothing and sunscreens with a minimum SPF of 15) and using other moisturizing preparations that do not contain tretinoin. Many people can achieve desired effects by using this program without RENOVA. You should not use RENOVA until you have tried a broad skin treatment program without RENOVA.

Most people using RENOVA will experience wrinkling, spotty skin discoloration and rough skin is not immediate and gradual over time. Generally you may notice some effects in 3 to 4 months. The effects are usually maximized at about 6 months with little additional improvement after that time. If RENOVA treatment is discontinued, improvement will gradually diminish.

The safety of using RENOVA daily for more than 48 weeks has not been established.

Who Should Not Use RENOVA?

You should not use RENOVA if you are sunburned or highly sensitive to the sun, if you have eczema, or if your skin is inflamed. RENOVA can cause increased skin irritation and increased susceptibility to sunburn.

Since RENOVA may make your skin more sensitive to sunlight, you should tell your health care professional if you are using other medicines that increase sensitivity to sunlight because you should not be using RENOVA. Of the medicines these include but are not limited to: thiazides (used to treat high blood pressure), tetracyclines, quinolones, sulfonamides (used to treat infection), and phenothiazines (used to treat serious mental problems). If you are taking any prescription medicines, non-prescription medicines or using any products with alcohol, health care professionals will make sure they do not interact with RENOVA.

Pregnancy Warning: Safe use during pregnancy has not been shown. There are reports of birth defects with fetuses, animals and humans that were given tretinoin by mouth. You should not use RENOVA if you are pregnant or attempting to become pregnant.

It is not known if RENOVA is passed to infants through breast milk. Safe use in children has not been shown.

The safety and effectiveness of RENOVA for people over age 50 or with darker skin coloration has not been established.

How Should I Use RENOVA?

You should apply RENOVA to your face once a day before retiring using only enough to cover the entire affected area lightly. Gently wash your face with a mild soap, pat the skin dry, and wait 20 to 30 minutes before applying it. RENOVA should be applied to dry skin. Apply a pea sized amount of cream to cover your entire face. You may feel a warmth or tingling after RENOVA is first applied.

You should be especially careful when applying the cream to avoid your eyes, ears, nostrils, or mouth. RENOVA may cause severe redness, itching, burning, stinging, and peeling if applied to these areas.

Using more than necessary amounts of RENOVA will not speed results and can cause an overdose. An overdose can result in red and peeling skin as well as some pain or discomfort.

Do not use cosmetics after applying RENOVA. Make sure to clean your face thoroughly before applying RENOVA.

What Should I Avoid While Using RENOVA?

RENOVA increases your sensitivity to sunlight. Avoid sunlight as much as possible. Use protective clothing and sunscreen with a minimum SPF of 15. Do not sunbathe or use sunlamps. If you are sensitive to sunlight in your job that requires you to be out in the sun for long periods, you must use extreme caution.

While using RENOVA, avoid any products that can dry or irritate the skin. For example, avoid products applied to the skin that contain alcohol, spices or lime. Also, avoid cleansers, hair removal, or other products that can irritate skin.

What Are the Possible Side Effects of RENOVA?

Some skin reactions and side effects are likely to occur. Itching, red and dry skin have been reported. So have burning, stinging and peeling skin. These are most often mild and are most common when treatment is started.

How Can I Get Additional Information?

This leaflet summarizes the most important information about RENOVA. If you would like more information, talk with your doctor or other health care providers. There is also a leaflet written for health professionals that your doctor, pharmacist or other health care provider can provide to you.

ORTHO

DERMATOLOGICAL DIVISION
ORTHO PHARMACEUTICAL CORPORATION
RARITAN, New Jersey 08869

Revised February 1998

9531 10-870-5P

Retin-A
(tretinoin)

Cream · Gel · Liquid
For Topical Use Only

PATIENT INSTRUCTIONS
Acne Treatment
IMPORTANT
Read Directions Carefully Before Using

THIS LEAFLET TELLS YOU ABOUT RETIN-A (TRETINOIN) ACNE TREATMENT AS PRESCRIBED BY YOUR PHYSICIAN. THIS PRODUCT IS TO BE USED ONLY ACCORDING TO YOUR DOCTOR'S INSTRUCTIONS, AND IT SHOULD NOT BE APPLIED TO OTHER AREAS OF THE BODY OR TO OTHER

YOUR DOCTOR.

WARNINGS AND PRECAUTIONS

The effects of the sun on your skin. As you know, overexposure to natural sunlight or the artificial light of a sunlamp can cause sunburn. Overexposure to the sun over many years may cause premature aging of the skin and even skin cancer. The chance of these effects occurring will vary depending on skin type, heredity and the care taken to avoid overexposure to the sun. Therapy with RETIN-A may make you more susceptible to sunburn and other adverse effects of the sun, so unprotected exposure to natural or artificial sunlight should be minimized.

Laboratory findings. *When laboratory mice are exposed to artificial sunlight, they often develop skin tumors. These sunlight-induced tumors may appear more quickly and in greater number if the mice are topically treated with the active ingredient in RETIN-A, tretinoin. In some studies, under different conditions, however, when mice treated with tretinoin were exposed to artificial sunlight, the incidence of development of skin tumors was reduced. There is no evidence to date that tretinoin alone will cause development of skin tumors in either laboratory animals or humans. However, investigations in this area continuing.*

Use caution in the sun. When outside, even on hazy days, areas treated with RETIN-A should be protected. An effective sunscreen should be used any time you are outside (consult your physician for a recommendation of an SPF level which will provide you with the necessary high level of protection). For extended exposure, protective clothing, like a hat, should be worn. Do not use artificial sunlamps while you are using RETIN-A. If you do become sunburned, stop your therapy with RETIN-A until your skin has recovered.

Avoid excessive exposure to wind or cold. Extremes of climate tend to dry or burn normal skin. Skin treated with RETIN-A may be more vulnerable to these extremes. Your physician can recommend ways to manage your acne treatment under such conditions.

Possible problems. The skin of certain sensitive individuals may become excessively red, swollen, blistered or crusted. If you are experiencing severe or persistent irritation, discontinue the use of RETIN-A and consult your physician.

There have been reports that, in some patients, areas treated with RETIN-A developed a temporary increase or decrease in the amount of skin pigment (color) present. The pigment in these areas returned to normal either when the skin was allowed to adjust to RETIN-A or therapy was discontinued.

Use other medication only on your physician's advice. Only your physician knows which other medications may be helpful during treatment and will recommend them to you if necessary. Follow the physician's instructions carefully. In addition, you should avoid preparations that may dry or irritate your skin. Such preparations may include certain astringents, toiletries containing alcohol, spices or lime, or certain medicated soaps, shampoos and hair permanent solutions. Do not allow anyone else to use this medication.

Do not use other medications with RETIN-A which are not recommended by your doctor. The redness from what you have used in the past might cause unnecessary redness or peeling.

If you are pregnant, think you are pregnant or are nursing an infant: No studies have been conducted in humans to establish the safety of RETIN-A in pregnant women. If you are pregnant, think you are pregnant or are nursing a baby, consult your physician before using this medication.

GELS ARE FLAMMABLE. Note: Keep away from heat and flame. Keep tube tightly closed.

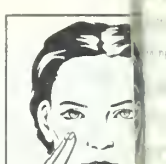
AND WHILE YOU'RE ON RETIN-A THERAPY

Use a mild, non-medicated soap. Avoid frequent washings and harsh scrubbing. Acne isn't caused by dirt, no matter how hard you scrub, you can't wash it away. Washing too frequently or scrubbing too roughly can at times actually make your acne worse. Wash your skin gently with a mild, bland soap. Two or three times a day should be sufficient. Pat skin dry with a towel. Let the face dry 20 to 30 minutes before applying RETIN-A. Remember, excessive irritation such as rubbing, too much washing, use of other medications not suggested by your physician, etc., may worsen your acne.

HOW TO USE RETIN-A (TRETINOIN)

To get the best results with RETIN-A therapy, it is necessary to use it properly. Forget about the instructions given for other products and the advice of friends. Just stick to the special plan your doctor has laid out for you and be patient. Remember, when RETIN-A is *used properly*, many users see improvement by the second week. REMEMBER AGAIN, FOLLOW INSTRUCTIONS – BE PATIENT – DON'T START AND STOP THERAPY ON YOUR OWN. IF YOU HAVE QUESTIONS, ASK YOUR DOCTOR.

To help you use the medication correctly, keep these simple instructions in mind:



- Apply RETIN-A once daily before bedtime, or as directed by your physician. Your physician may advise, especially if your skin is sensitive, that you start your therapy by applying RETIN-A every other night. First, wash with a mild soap and dry your skin gently. WAIT 20 to 30 MINUTES BEFORE APPLYING MEDICATION. It is important for skin to be completely dry in order to minimize possible irritation.
- It is better not to use more than the amount suggested by your physician or to apply more frequently than instructed. Too much may irritate the skin, waste medication and won't give faster or better results.
- Keep the medication away from the corners of the nose, mouth, eyes and open wounds. *Spread away from these areas when applying.*
- *Cream.* Squeeze about a half inch or less of medication on your fingertip. While that should be enough for your whole face, after you have some experience with the medication you may find you need slightly more or less to do the job. The medication should become invisible almost immediately. If it is still visible, you are using too much. Cover the affected area lightly with RETIN-A (tretinoin) Cream by first dabbing it on your forehead, chin and both cheeks, then spreading it over the entire affected area. Smooth gently into the skin.
- *Gel.* Squeeze about a half inch or less of medication onto the fingertip. While that should be enough for your whole face, after you have some experience with the medication you may find you need slightly more or less to do the job. The medication should become invisible almost immediately. If it is still visible, dry flaking occurs from the gel **within a minute or so,** you are using too much. Cover the affected area lightly with RETIN-A (tretinoin) Gel by first dabbing it on your forehead, chin and both cheeks, then spreading it over the entire affected area. Smooth gently into the skin.
- *Liquid.* RETIN-A (tretinoin) Liquid may be applied to the skin where acne lesions appear, spreading the medication over the entire affected area, using a fingertip, gauze pad, or cotton swab. If gauze or cotton swab is employed, care should be taken not to oversaturate it to the extent that the liquid would run into areas where treatment is not intended (such as corners of the mouth, eyes, and nose).
- It is recommended that you apply a moisturizer or a moisturizer with sunscreen that will not aggravate acne (noncomedogenic) every morning after you wash.

WHAT TO EXPECT WITH YOUR NEW TREATMENT

RETIN-A works deep inside your skin and this takes time. You cannot make RETIN-A work any faster by applying more than one dose each day, but an excess amount of RETIN-A may irritate your skin. Be patient.

There may be some discomfort or peeling during the early days of treatment. Some patients also notice their skin begins to take on a blush.

These reactions do not happen to everyone. If they do, it is just your skin adjusting to RETIN-A. These usually subsides within two to four weeks. These reactions can usually be minimized by following instructions carefully. Should the effects become excessively troublesome, consult your doctor.

BY THREE TO SIX WEEKS, some patients notice an appearance of new blemishes (papules and pustules). At this stage it is *important to continue* using RETIN-A.

If RETIN-A is going to have a beneficial effect for you, you should notice a continued improvement in appearance after 6 to 12 weeks of therapy. Don't be discouraged if you see no immediate improvement. Don't stop treatment at the first signs of improvement.

Once your acne is under control you should continue regular application of RETIN-A until your physician instructs otherwise.

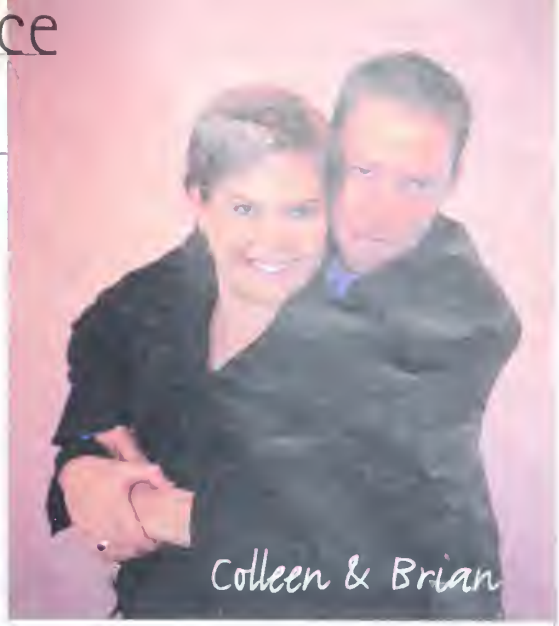
IF YOU HAVE QUESTIONS

All questions of a medical nature should be taken up with your doctor. For more information about RETIN-A (tretinoin), call our toll-free number 800-426-7762. Call between 9:00 a.m. and 3:00 p.m. Eastern Time, Monday through Friday.

DERMATOLOGICAL DIVISION
ORTHO PHARMACEUTICAL CORPORATION

R RICHER, R POORER

leen O'Grady and an Owens
mpano Beach, Florida



e took golf and in s lessons at a al country club in r native Chicago grew up in Cors, land, a city that d a 23 percent employment rate. By e time Colleen and ian met in a Florida ghtclub in 1997, Brian, now twenty-eight [illegible] ainee. Colleen, thirty, had become a ma[illegible]

COLLEEN SAYS: I'd always been drawn to Irish men, probably because my mily is Irish-American. But they'd always been trouble. So when I was out th my girlfriends one night and Brian came over to my table and said he'd arney on me, I thought, No way. Not another one. But he was so funny I ouldn't resist. I'm wild about him, but our different backgrounds have aused problems. He'd rather spend money on beer than the theater. Or he'll o to the local pub after work, rather than come straight home. On the other and, he has really good values. He's very gentle and hates to hurt anyone.

BRIAN SAYS: I'm still intrigued by the materialism in America. Colleen has wenty pairs of shoes she doesn't ever wear. Yet she's the most generous woman I know. Colleen was the first woman in the States [illegible] to buy he a meal. And we share the same sense of humor.

PERSISTENCE PAYS OFF

Cecily and Larry Mareau, Austin, Texas



The first time Larry laid eyes on Cecily, he knew she was the woman for him. Cecily, who was twenty-five at the time, felt differently. "There's no way it's happening with a twenty-year-old white boy!" she told her friends. But today, the two have been married for sixteen years, and their relationship is going strong. Cecily, forty-five, a part-time bookkeeper, and Larry, forty-one, a computer consultant, seem to have it all: well-adjusted kids (Courtney is fourteen and Nicholas is eleven), a comfortable home and two cars.

CECILY SAYS: I met Larry on a ski trip. I could tell right away that he liked me; he followed me around like a puppy. I didn't take him seriously. He was shy, and he barely spoke. On top of that, he was three years younger than I. I grew up in a provincial all-white [illegible] *(continued)*



...mmunity town, and wasn't black. I thought, Forget it.

After that weekend, I received a letter from Larry. He wrote to me for the entire year. The following winter, Larry and I went skiing again. This time, I decided to let my guard down. I said to myself, "There's really something here." The pivotal moment came when my older sister gave birth to her first child, who was half white. When I saw that beautiful baby, I never again had a problem with color.

■ LARRY SAYS: I was attracted to Cecily from the start. She was outgoing, and I was painfully shy. She was street-smart and intuitive; I was bookish and awkward. I was completely overwhelmed by her. Race wasn't an issue for me, and our age difference didn't matter. Who wants to be with someone who's just like you? Being with your opposite makes life interesting.

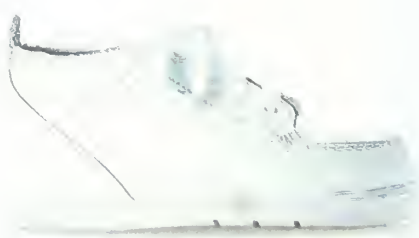


MR. (AND MRS.) MOM

Pat Lewis and Snaevar Hreinsson
Arlington, Virginia

She's all-American, and he grew up in Iceland. She's Jewish; he's Lutheran. She enjoys writing; he's a jock who came to America on a soccer scholarship. She's youthful forty-w... he's ten years h... junior. And wh... Pat is a high-powered caree... woman (she's a... senior adviser t... the U.S. Secreta... of Agriculture),... Snaevar, who's... working on his... master's degre... European histo... cares for the... couple's two sm... children, Ari, fo... and Samuel, on...

■ PAT SAYS: I met Snaevar at a ba... 1990, in Montgomery, Alabama, where I was working as a journali... At the time, I was in the midst of divorce. Although I was attracted ... Snaevar, I didn't see how the relationship could go anywhere. H...



Now Kix is a good source of calcium, to help your kids get from here...

twenty-three-year-old kid, and
planning to leave my job and
me to Washington. But he had
veetest disposition and a dry
of humor. He charmed me with
stic stories about his native
id, which I knew nothing about
er the summer, he invited me to
im in Iceland. We spent the most
ntic week I had ever imagined
years later, we're happily married
AEVAR SAYS: Although we have
different backgrounds, both of us
eading. I have books everywhere,
Pat and I constantly talk religion,
as politics. I'm always nagging
o read international news. We
ice each other nicely. Pat always
that she jumps before she looks,
never jump at all. She's more
le, which I find exciting.
espite our differences, Pat and I
e many of the same beliefs and
es. In the end, those are the things
really matter.



■ [illegible] Robert had a much more relaxed personality. I turned to him as a friend. I had been wrapped up in another relationship for which ours blossomed, so I took my time. It was a pleasant one. Robert was so much less intense than my ex. He would ask, "How are you guys?" and really mean it.

The age difference has really worked for us. Because Robert is older, he's more secure. He doesn't need to impress or please anyone. He cares only about what I think.

■ ROBERT SAYS: I wanted until I was forty-eight to get married because, until Laura, I hadn't met the right person. It's funny, because we're so different. I can sit back and enjoy a lousy movie, and she can't. She's also much more comfortable with words. If we have a fight, she loves to talk about it. I don't.

Still, Laura and I share many of the same qualities and values. Both of us hate pretension, and neither of us is materialistic. ▸

Lisa Lipkin is a storyteller and freelance writer who lives in New York City.



For strong bones.
Kix has more calcium
than any leading
kids' cereal.



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to here.

BY BLOOMBERG L.P., THE LEADING PROVIDER OF FINANCIAL INFORMATION, WHICH PUBLISHES *BLOOMBERG PERSONAL FINANCE* MAGAZINE AND BLOOMBERG PRESS BOOKS

Guess Who's THE BETTER Investor?



Women may have a reputation for being more cautious about investing than men, but in truth they are more aggressive in how they handle money in their 401(k) plans, so says a recent study from benefits consultants Watson Wyatt Worldwide, in Bethesda, Maryland. Women put in a higher percentage of their salaries (a good thing), and they sock away less in their employer's stock (also a good thing). Says Sylvester Schieber, Ph.D., director of research at the firm, "It seems women are following more closely the advice of financial experts about diversification of risk. After all, investing in company stock is often more chancy than putting money in other equities because it means that the fate of both your retirement and your current income is tied to one company."

And in plans in which company stock isn't offered as an option, women forty years old and over with a salary of $40,000 or more invest a smaller part of their income in relatively slow-growing bond funds and money-market funds holding CDs and such, compared to men, and a larger percentage in more aggressive and faster-growing stock funds.

—Christine Miles

BEWARE FUND "BLOAT"

Mutual funds have to watch their weight, too. When a fund has too much money to invest—mainly because too many people want in—and the market is rising, it may be forced to buy stocks that are relatively overpriced. For the investor, this could mean less room for profit when it's time to sell.

How do you know which funds are getting too big? Look in the quarterly or annual reports, and watch for a rapid rise in assets. (As a general rule, avoid large-cap funds that have more than $20 billion in assets and small-cap funds with more than $200 million.) You can also focus on funds that say in the prospectus that they will close at a certain size. —Carol Curtis

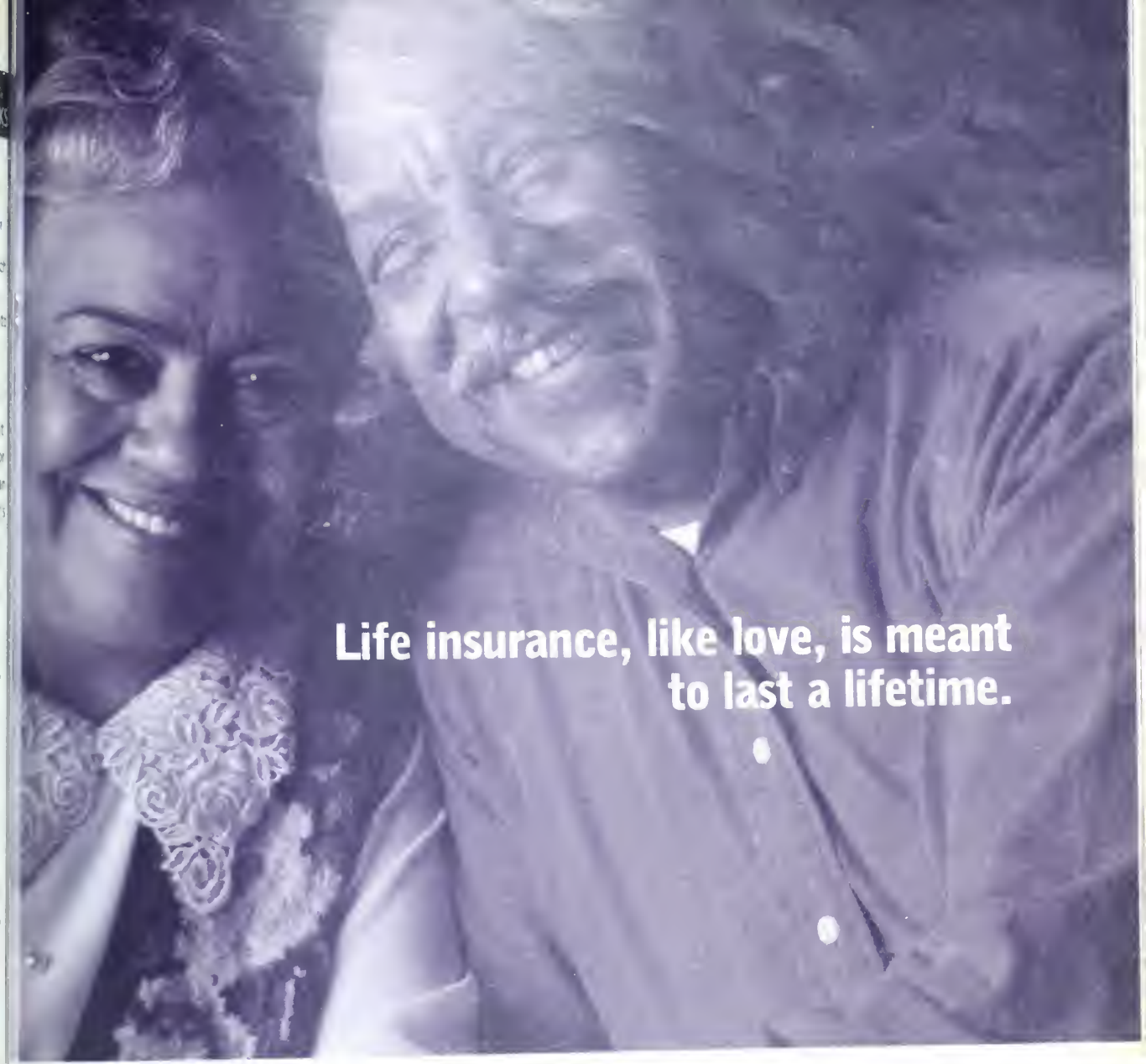
WORKSHEET

HOW MUCH LIFE INSURANCE SHOULD YOU BUY?

Spend a moment filling out this worksheet, provided by GE Financial Assurance (800-844-6543). While your insurance need may seem staggering, it's more affordable than you think. For a healthy 35-year-old woman, $200,000 of term life insurance costs about $137 a year.

Calculate:		*(example)*
a. Current living expenses (including food, clothing, rent, etc.)	_____	a. $40,000
b. Projected annual child-care costs	_____	b. $5,500
c. Ongoing parent/grandparent care	_____	c. --------
d. [illegible]	_____	d. $45,500
e. Income of surviving spouse	_____	e. $15,000
f. Social Security benefit	_____	f. $23,500
g. [illegible]	_____	g. $38,500
h. [illegible]	_____	h. $7,000
i. Other debts your family will have to pay (automobile, credit card, etc.)	_____	i. $15,000
j. Estimated funeral expenses	_____	j. $8,000
k. Uninsured medical expenses	_____	k. $5,000
l. Children's future educational needs	_____	l. $175,000
m. [illegible]	_____	m. $203,000
n. [illegible]	_____	n. $70,000
o. [illegible]	_____	o. $273,000
p. Existing life insurance	_____	p. $50,000
q. Income-producing assets	_____	q. $15,000
r. Cash and savings accounts	_____	r. $5,000
s. Social Security benefits	_____	s. $225
t. [illegible]	_____	t. $70,255
Now subtract: [illegible]	_____	**$202,745**

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Perhaps, like true love, we were meant to last forever.

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STATE FARM INSURANCE

tate Farm Life Insurance Company (Not • State Farm Life and Accident Assurance Company (Not ... NY and WI
Source: Moody's, Standard & Poor's A... Rating) ...Home Offices: Bloomington, IL • www.statefarm.com



How **CLEAN** Is It?

What kind of germs may be lingering in your office? We put three typical workplaces to the test **By Anna Roufos**

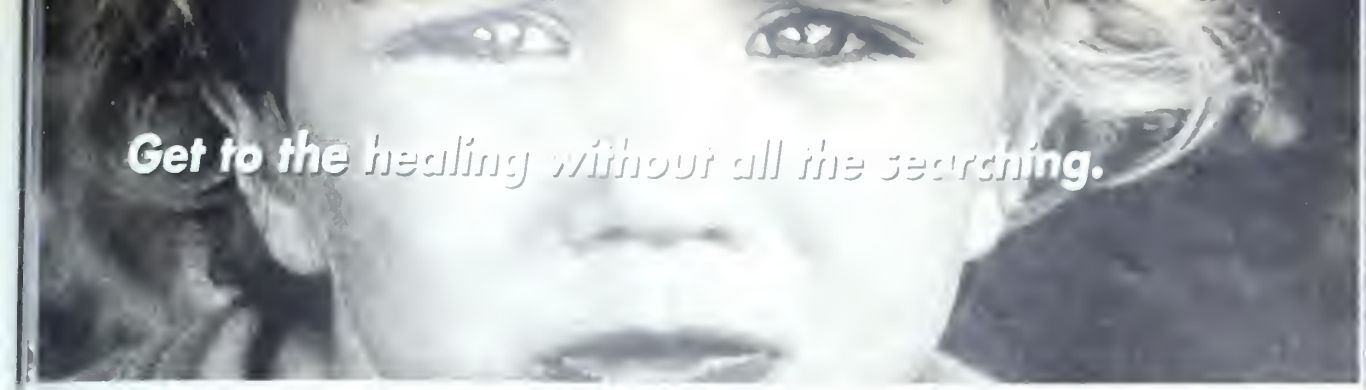
It's a situation every worker dreads: A colleague comes down with a cold, and soon, the entire office is coughing. And no wonder. We spend an average of forty-six hours per week at our jobs, usually cooped up with others, breathing the same recirculated air, and sharing equipment, from fax machines to phones. Indeed, when the afflicted aren't blaming their kids (those veritable germ magnets), they are usually bemoaning "something going around the office." Recently, LHJ asked employees in three types of workplaces—home offices, small businesses and corporations—to swab common objects; the samples were then analyzed by Micrim Labs, in Fort Lauderdale, Florida. We found major differences among the office types. What they had in common, however, is scary. "In many cases, the same microbe was spread throughout the place," says John Pisani, Ph.D., a microbiologist at Micrim Labs. Our findings follow—plus what you can do to protect yourself at work.





HOME OFFICES: We found a heavy growth of *Enterobacter cloacae* (which causes infections in cuts; a big dose can result in a blood-borne disease) on the desktop of a New Jersey office. The phone and bathroom door handle were also loaded with *Staph aureus*, which can cause many infections, from acne to pneumonia. And we found *Clostridium perfringens* on the toilet seat, which, says Pisani, is one of the worst pathogens. It can cause gas gangrene and lead to toxemia and even death, he says.

In a New York home office, we uncovered evidence of fungus on many of the items we tested, indicating that this house may have an air problem. We also found *Stenotraphomonas maltophilia* on the phone, which can cause infection in those with weak immune systems. Furthermore, two other microbes turned up on just about every object we swabbed. Even though they were virtually harmless, the fact that they were everywhere shows how easily germs can spread, says Pisani. Bottom line: Fewer people doesn't necessarily mean a more sanitary environment.



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One coffeepot we tested was loaded with four types of germs



SMALL BUSINESSES: Small commercial offices fared a little better, but there were still problems. In an eight-person health-care firm in Texas, we found *Staph aureus* on the soap dispenser and toilet seat. (A good hand [illegible] will remove the bacteria.) There was also a dusting of *E. coli* on a [illegible] message pad. Fortunately, it wasn't the illness-causing kind, but it does indicate that at least one employee may not be very diligent about washing her hands.

A four-person insurance company in Upstate New York was quite sanitary. Yet we uncovered four types of germs on the coffeepot. Either it hadn't been scrubbed in a while, says Pisani, or there is a contaminant in the water. (Fortunately, germs can't survive in hot coffee.) Most of the other objects we tested contained only a sprinkle of harmless, common bacteria (though, again, we kept finding the same organisms). We later learned that not only is this office cleaned daily, but the employees, all salespeople, are off-site a lot of the time.

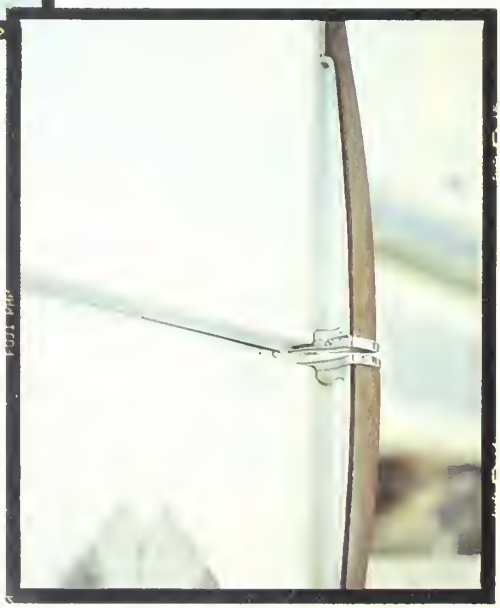




Luckily, the news wasn't all bad. In each place, we swabbed phones, desks, pens, fax machines and other office equipment. Many objects, such as the computer keyboards in all six offices, came back germ-free. And, while the coffeepot was teeming with germs, all the mugs we tested were clean. It's also important to keep in mind how often these workplaces are cleaned: The home offices hadn't been scrubbed in a week; however, the small businesses and major corporations are cleaned nightly by professional crews

BIG CORPORATIONS: The major corporation we tested in Chicago turned out to be generally germ-free. However, there was one big exception: A particularly virulent type of *Staph aureus* had colonized on the refrigerator door handle. The strain we found is associated with hospital infections and is resistant to many antibiotics, says Pisani. Also, we discovered *Micrococcus luteus*, a harmless bacteria, on most [illegible].

The major financial corporation we tested in New York City—which has hundreds of employees on a single floor—turned out to be the cleanest office we sampled. We found only a dusting of a mild strain of *Staph aureus* on the toilet seat. Otherwise, seventeen of the nineteen objects we swiped had no bacterial growth whatsoever. "Overall, this is the way an office should look," says Pisani.



DON'T GET SICK

Thomas Quinn, M.D., professor of medicine at the division of infectious diseases at Johns Hopkins University, in Baltimore, offers these tips:

Stay home if you don't feel well. You're most infectious during the first couple of days.

If you must go to work, be careful not to spread your illness to other people. Don't shake hands. If you have to use common equipment, wash your hands often. (Most experts agree that plain soap and water is highly effective at killing germs.) Wash your hands when you arrive in the morning, each time you use the bathroom and before you eat. But don't worry about keeping your distance: The risk of transmission from sitting close to someone who is ill is small, unless he coughs or sneezes right at you.

Don't touch your nose or eyes. This is how germs invade.

Wipe down surfaces every few days with a household cleaner. ■

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Patricia Rose

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IS IT GOOD FOR HIM, TOO?

Most men are happy with their lovelives: In a recent survey, nearly half claimed to be very satisfied in bed. Thirty-seven percent were somewhat satisfied, and just 15 percent were dissatisfied. Even more reassuring: Married men were the most content.

YOUR HUSBAND'S MONTHLY SELF-EXAM

TESTICULAR CANCER, the most common cancer among American men ages fifteen to thirty-five, is on the rise, according to a recent study published in the medical journal Urology. Between 1988 and 1996, the rate of cases nearly doubled among the more than one million men who were studied. The good news is the illness is 95 percent curable if it is detected early. So make sure your husband visits his doctor and learns how to examine his testicles. Here's how to perform a self-exam:

Once a month, after your husband has taken a warm bath or shower, he should stand in front of a mirror and examine each testicle. First, he should look for any swelling on the skin of the scrotum. Then, he should gently rub each testicle for a minute or two between his thumb and forefingers. If he detects any lumps or hard spots, he should contact his doctor immediately.



MAN, THE SPECIES

Why do men paint their faces—and sometimes bodies—at sporting events?

"It's their way of showing that they identify with the team and their group of friends," explains Lionel Tiger, Ph.D., the Darwin Professor of Anthropology at Rutgers University, in New Brunswick, New Jersey. "Warriors also do this; it's how they distinguish themselves from the enemy." Still, men probably wouldn't paint themselves if TV cameras didn't love it so much, says Tiger.

GUYS SPEAK OUT

LHJ has formed a panel of men from across the country to sound off on issues important to Americans. Last March, for the first time ever, a woman gave birth to a child conceived with her deceased husband's frozen sperm. So we asked four of our panel members:

WHAT DO YOU THINK OF A DEAD MAN FATHERING A CHILD?



Jeff Huhta, 32; single, engineer, Fort Collins, Colorado

"It's not okay. If I were the dead man, I might not want a child in the world without me to care for him."



Ross Bretches, 30; married, landscaper, Waynesboro, Virginia

"I see no problem. If she wants to have his child, she has every right; after all, they were married."



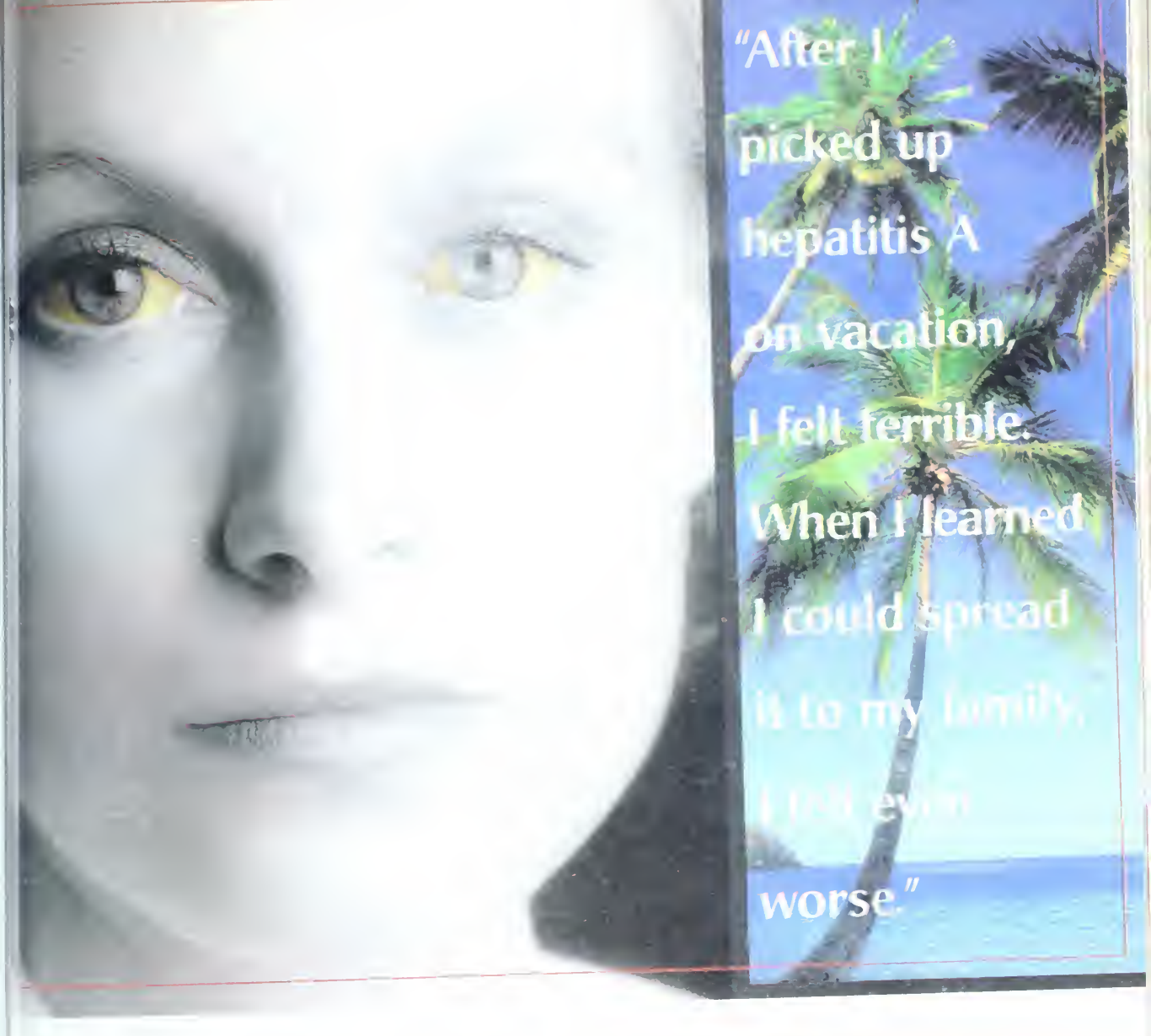
Eddie Chapman, 36; married, one daughter, 8; police officer, Chicago

"I think it's unfair to the child. Kids need a mother and a father."



Philip Lucey, 41; divorced, two children, ages 10 and 11; sales director, Newburyport, Massachusetts

"My main concern is: Can the mother take care of the child on her own? If so, I'm all for it."



patitis A is a serious and highly contagious liver disease that puts u and your family at risk when you travel overseas.

e hepatitis A virus is rampant in many areas of the world, including Mexico, Central and South America, parts ıe Caribbean, Africa, Asia (outside of Japan), Eastern Europe, the Mediterranean Basin, and the Middle East. You pick up the virus very easily from contaminated food, water, or an infected waiter or chef, even at the best hotels resorts.

o to 22% of adults who contract hepatitis A are hospitalized, and some will even die. Hepatitis A, a serious highly contagious liver disease, can cause fever, vomiting, stomach pain, diarrhea, and jaundice (yellowing of skin eyes). But as bad as those symptoms can make you feel, you will feel worse if you pass hepatitis A along to your ily and friends—before you even know you have it. **But hepatitis A can be prevented.**

et vaccinated. The U.S. Centers for Disease Control and Prevention (CDC) recommends hepatitis A immunization in ance of traveling to at-risk areas.

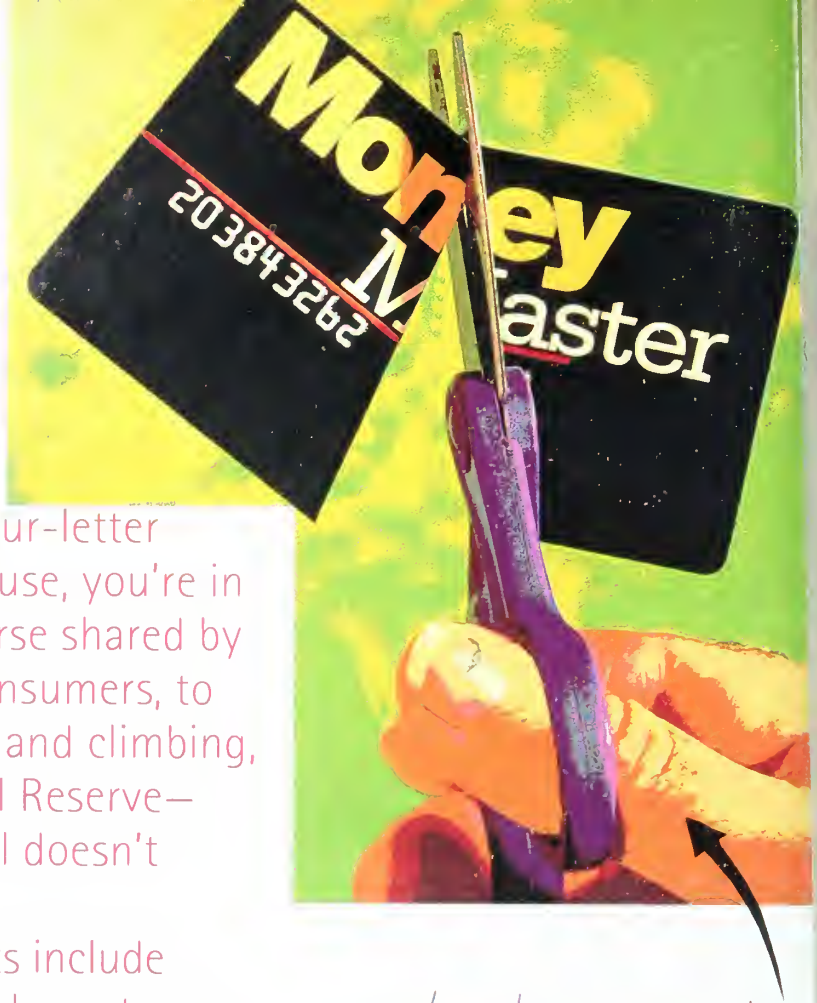
Get vaccinated [illegible] A before your next trip. See your doctor.

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Out Of DEBT



If *debt* is the nastiest four-letter word spoken in your house, you're in good company. It's a curse shared by millions of American consumers, to the tune of $1.3 trillion and climbing, according to the Federal Reserve—and that whopping total doesn't include mortgages.

While the nation's debts include everything from student loans to car payments, credit cards account for the largest share. Over half of American households carry a revolving balance on at least one card, averaging over $8,000, says the Consumer Federation of America. But with a little help, a firm grasp of the big picture and sometimes a healthy dose of luck, it is possible to achieve a debt-free life. Here, a trio of solutions [illegible] very common problem from women who were once overwhelmed with hefty bills but are now back on the track for good **By Sharlene K. Johnson**

The Glazes stopped charging

CUT UP THOSE CARDS

Before Vicki and Victor Glaze married in 1994, they spent hours and hours planning their new life together in Fort Collins, Colorado. This would be his second marriage and her third, and their blended family would include her daughter, now ten, and his two kids, ages eighteen and twenty. Victor, forty-three, assured his fiancée that they could manage on his insurance-sales income so that she could quit her accounts-payable clerking job to become an at-home mom. But one crucial topic was left unexplored: debt.

It wasn't until after the wedding that Vicki, forty-two, realized that their financial situation wasn't what it seemed. It took a year of questioning and monitoring their expenses by computer for Vicki to realize that Victor was deeply in debt and ashamed to admit it. And the anxiety over their finances began to put a strain on their marriage.

Finally, in February 1997, the couple grabbed a stack of bills and went *(continued)*

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Janet had to listen to her own advice



LIVING THE SIMPLE LIFE

After her divorce three years ago, Janet Luhrs was stuck with credit-card debt and a mortgage beyond her means. Ironically, the forty-nine-year-old mother of two is the founder and editor of a quarterly newsletter called *Simple Living*, and author of *The Simple Living Guide* (Broadway Books, 1997), both aimed in part at avoiding such financial traps.

So how did this anti–consumer-debt crusader end up with $6,000 in cr card bills? "I got swept up in a lifestyle that conflicted with my natural inc tion," Janet admits.

Though Janet was frugal by nature, things changed after she married and goo first credit card. It wasn't long before the balance on the card began creeping "The sad thing is we didn't buy huge items," Janet says ruefully. "It was just things—some clothes, fifty dollars here, twenty dollars there, going out to dinne

As she and her family collected more stuff—and more bills—Janet decided so thing had to change. In 1990, she signed up for a class in voluntary simplicity. Ev tually, she took what she had learned in class, started doing more research on own and launched *Simple Living* in 1992. It was a natural step *(continued on page*

to see Jean Schmidt at Consumer Credit Counseling Service (CCCS) of Northern Colorado and Southeast Wyoming. A member of the National Foundation for Consumer Credit, CCCS is a nonprofit organization offering free or low-cost financial counseling services.

That first meeting with Schmidt was an eye opener, particularly for Victor. Their total debt had climbed to nearly $40,000, including almost $18,000 owed to credit cards, $750 in state taxes and $2,500 on a store-financed computer. (The rest came largely from loans from Victor's credit union.) But if they were serious about joining the agency's Debt Management Program, Schmidt told them, they would have to sacrifice their cards. It was tough, but the Glazes cut them up and dropped them in the glass jug full of chopped plastic on Schmidt's desk.

Each month, the couple made a single payment of $456 to CCCS, which then disbursed *(continued on page 76)*



h her lottery win
aid all her bills at



Last January felt like the worst month of my life," says Maria Marshall*, thirty-one, a college student from Riverside, California, and a mother of two. "We were breaking down on tuition payment [illegible] Christmas bills were coming in. [illegible] Boise didn't even [illegible] enough money to [illegible]

[illegible] had been steadily accumulating credit card [illegible] since their $900 wedding. They had withdrawn money from Brian's 401(k) to pay off the balances, but after taxes and early withdrawal fees, they were left with only $6,000 to cover the bills. Worse, they now owed more than $2,500 in taxes on the withdrawal. "We discussed going for bankruptcy," Maria says.

Much as she hated the thought, Maria even considered dropping out of school. She'd already had to leave college once years ago because of financial and time constraints. Now she was working toward her degree in urban and regional planning, but the tuition was just one more burdensome expense.

The one splurge Maria allowed herself was lottery tickets. "Some people would say, 'If you're in so much debt, why are you playing the lottery?'" she says. "But with that ticket, you get to dream a little bit. It was just my short-lived entertainment. And I almost always won [the fourth prize] five dollars. But I had certain rules. I only bought tickets if the jackpot was at least twenty million; I had to have the extra *(continued on page [illegible])*

* Name and other details have been changed.



fighter.



Growing evidence suggests that diets rich in antioxidants may reduce the risk of some cancers and heart disease. A study from the USDA found that Welch's purple grape juice has more than three times the naturally-occurring antioxidants of other popular juices.

Welch's SINCE 1869

REAL SOLUTIONS: LIVING THE SIMPLE LIFE

Continued from page 74

for Janet, an attorney and journalist turned freelance wri

But while she preached her gospel of thriftiness, he h her husband continued to use their credit card unt separated. Suddenly, the $6,000 was even more of a coc

Janet immediately began whittling her expens then I knew how to do this," she says. "Every spa went to paying off that bill. I wasn't even tempted anything else during that period—no dinners out, no

Thanks to that single-minded sense of purpose, sh off the credit card in less than six months. Lesson le Janet considers the experience to be a valuable re of the benefits of downsized living: "I found out th enough, that's not the way I want to live."

The housing problem was trickier. Janet didn't w move her children, ages eleven and thirteen, out house they loved, but she couldn't shoulder her mo alone. Her solution? She turned her basement into a bedroom apartment with its own outside entrance, rents for about $950 a month. "As a landlord, you little bit of your privacy, but to me, the downside outweighed by the positive side," she says.

Thrilled to be debt-free once more, Janet says she much more consciously now. "It's not like I live a r able, deprived life," she says. "I'd rather save my m for a trip to Hawaii than have a house full of fifty-o sweaters and a bunch of debt." ■

REAL SOLUTIONS: CUT UP THOSE CARDS

Continued from page 74

the money among their creditors. All but two credit-card companies stopped charging interest and late fees, and the others drastically reduced their rates to about 7 percent. (The Glazes are repaying the loans to Victor's credit union through commissions he earns from policy renewals at his former insurance company.)

With Schmidt's encouragement, the couple bolstered their efforts to trim expenses. A bargain-hunter who clips coupons and shops the clearance racks, Vicki feels that these savings help offset her decision to continue staying at home.

The couple have also learned a new savings strategy: Pay yourself first. Victor is putting the maximum amount in his 401(k) retirement plan, and an automatic payroll deduction goes straight to a savings fund for emergencies. Only then do they pay bills and splurge on extras like clothing.

Their new money wise ways have allowed the Glazes to pay off all but $10,000 of their debt. The remainder will be wiped out this fall, as Victor receives a large stock bonus for his ten-year anniversary in insurance sales (he's still a registered salesman, in addition to his new job with a phone company). They'll even have enough money left over for a down payment on a new house. Life has never looked brighter. "We had to buckle down and make some serious choices, but it was worth it," says Vicki. "It's stressful to live with so much debt." ■

defender.



People who follow a balanced diet that includes five or more servings of fruits and vegetables each day may lower their risk of developing some cancers. Just one six-ounc glass of Welch's Purple Grape Juice counts one serving of fruit.

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. SOLUTIONS: IN THE MONEY!

ued from page 75

m my purse; and I never spent more than twenty or
dollars at a time."

n March 15 of this year, Maria was at the grocery
when she noticed she was short on cash. But in her
, she was carrying $90 worth of lottery tickets dating
to December. Maria asked the clerk to check them.
enough, two were $5 winners.

Then the clerk ran another slip through the computer,
nessage said *Exceeds cash limit*. Maria started to get excit-
hinking she might have won the $1,685 second prize
couldn't believe it when a store manager checked the
unt and said, "You won the big one!" Maria had actual
een one of three winners of the $20 million prize from a
ving on January 6. Now she had beaten the odds—1 in
million—to the tune of more than $6.6 million.

n shock, she made the manager check the ticket again
again. "I started shaking and crying, so they took me
bench to sit down," Maria says. "A crowd was gath
g, and an investment broker walked up and handed
her business card." Maria made it to the lottery's dis
t office minutes before their five P.M. closing time.

Brian thought his wife was playing a joke and she
wed him copies of the claim form. "We couldn't
p that night," Maria says. "We were home in the
k saying, 'We're no longer in debt.' We don't have to

Shailene K. Johnson is a contributing editor to Ladies' Home Journal.

and tasty, too.



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Dangerous PRACTICES?

Many people feel relieved when they hear that the surgery they need or desire can be done in their doctor's private office rather than in a hospital. But that relief would surely evaporate if they knew that few states regulate these more and more common in-office procedures—and that people have been injured or died as a result.

"Doctors can really do anything they want in the privacy of their own offices," says Ervin Moss, M.D., a New Jersey anesthesiologist who has studied the issue. This includes performing procedures that are outside the scope of their training. For example, a recent New York State report cited an ophthalmologist who "specialized" in breast enlargements. Also common are dermatologists who perform plastic surgery, a very lucrative business, without the benefit of proper training. Furthermore, some doctors may use outdated or poorly maintained anesthesia equipment in their offices or lack adequate training in sedation techniques.

Most accidents happen during elective procedures like liposuction. But things can go wrong during many types of minor operations, including in-office eye and foot surgeries.

"Managed health-care plans are increasingly pressuring doctors to do more and more procedures in their offices to keep costs down," says Steve DeToy, director of government and public affairs for the Rhode Island Medical Society. According to him, one insurer sent eye surgeons a letter saying that it would cover a certain procedure only if it was performed in-office.

Currently, only New Jersey, California and Florida regulate these surgeries (New York, Rhode Island and Texas are developing policies), so you have to be cautious. If you are scheduled for an in-office surgery, ask what kind of anesthesia the doctor will be using. If the answer is general anesthesia or intravenous sedation, consider asking to have the surgery done in a hospital. Ask your doctor where he was trained in the procedure and how many times he has performed it. Also, request the names of other patients with whom you could speak.

—Nicci Micco

By 2001, nearly 20 percent of all elective surgeries will take place in doctors' offices

BODY BRIEFS

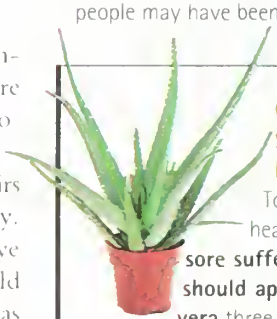
REDUCE BODY FAT

Purdue University researchers say that a **high calcium intake may reduce body fat**. This was true of women between the ages of eighteen and thirty-one who ate fewer than 1,900 calories and got at least 780 milligrams of calcium daily. The researchers speculate that the same is true for older women.



HEPATITIS C HOME TEST

The FDA just approved the first **over-the-counter test kit for hepatitis C**. The CDC says that anyone who received a blood transfusion before July 1992 should be tested for the sometimes-fatal virus, and predicts that as many as 290,000 people may have been infected.



COLD SORE RELIEF

To speed healing, **cold sore sufferers should apply aloe vera** three times daily until the lesion heals, says J. Michael Adame, D.D.S., a spokesperson for the Academy of General Dentistry. The plant contains therapeutic amino acids and vitamins.

LIFT TO BOOST MOOD

We know that aerobic exercise can improve mood. Now a study finds similar benefits with weight training. Subjects who did three sets of up to twenty reps of various strength moves had **lower blood pressure and anxiety levels**.



—Christine Many



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MINI MED SCHOOL

Test Result TURNAROUND

Most doctors won't call to tell you the results of medical tests unless there's a problem. And some won't call you either way: A recent study found that as many as one third of physicians don't have a reliable system for making sure that test results come back from the lab in the first place. So that you can take charge of the follow-up, here's how long it takes for doctors to get results on common tests. —Sarah Smith

TEST	TURNAROUND
Bone density	7 to 10 days
Cholesterol	1 to 3 days
Plasma glucose	1 to 3 days
Mammogram	7 to 10 days
Pap smear	10 to 21 days
Blood count	1 to 3 days

It's BAAAAACK!

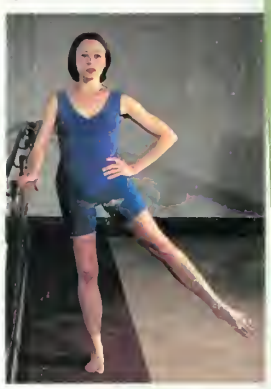
For *Seinfeld*'s Elaine, potential lovers had to be "sponge worthy" before she'd consider using one of the cherished contraceptives from her dwindling stash. Now, she wouldn't have to be so strict: The Today Sponge, taken off shelves in 1995, is available again.

Contrary to popular belief, [illegible], but rather because the company that made it was having manufacturing problems. It is now being produced at a different site. As before, [illegible]. (It works by inactivating sperm with spermicide and providing a physical barrier to the cervix.) But think twice before using it: The sponge does not protect against STDs and has a typical failure rate of at least 20 percent (versus 5 percent for the Pill and 14 percent for the male condom). It's also not a good choice for women who are sensitive to spermicide nonoxynol-9.

—Deborah Moss

EXERCISE

SIDE LEG LIFT



Do this move to tone your outer thighs, says Lori Huffstutler, a movement therapist at Canyon Ranch Health Resort Spa, in Tucson, Arizona.

1. Stand with legs together, knees forward. Keep pelvis straight, abdominals tight, shoulders level.
2. Rest one hand on a counter and extend opposite leg out to the side, lifting out from the hip. Keep the movement small, and exhale as you go.
3. Repeat ten times. Do up to three sets of ten repetitions with each leg.

ASK THE DOCTOR

Should I get an ultrasound with my mammogram?



Cancerous lump seen on ultrasound

It depends on the circumstances, says Ruth E. Johnson, M.D., founding director of the Mayo Breast Clinic, in Rochester, Minnesota. If your yearly mammogram turns up a suspicious lesion, an ultrasound can further characterize it. (Ultrasound is especially effective in distinguishing between cystic, or fluid-filled, and solid masses detected by mammography.) Also, if a doctor or patient *feels* a lump or mass but the mammogram comes back negative, having an ultrasound can help you be sure. Women with dense breast tissue may also ask for an ultrasound as a backup, since mammography's effectiveness decreases with breast density. However, ultrasound alone is no replacement for mammography. —Karen M. Romanelli



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NASONEX® Nasal Spray can actually prevent most of the itchy, runny nose; sneezing; and congestion of seasonal allergies.

event most seasonal nasal allergy symptoms before start, begin treatment 2 to 4 weeks before the anticid start of the pollen season. It is important that you NASONEX® regularly, at the time recommended by physician, since its effectiveness depends on regu-se. NASONEX® treats both seasonal and year-round l allergies. Maximum benefit is usually achieved n 1 to 2 weeks.

linical trials, the most common side effects with ONEX® occurred about as often as they did with ebo (nonmedicated nasal spray). These were dache, occurring with 26% of people vs. placebo 22%; viral infection, 14% vs. 11%; sore throat, 12% vs. 10%; nosebleeds, 11% vs. 6%; and coughing, 7% vs. 6%. Your doctor or other healthcare professional is the best source of information about NASONEX® and other medications. When discussing NASONEX®, it is important to notify them of all medications that you are currently taking. For your reference, please see additional important information on adjacent page.

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nasonex

(mometasone furoate monohydrate)
Nasal Spray, 50 mcg*

*calculated on the anhydrous basis

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†One month's trial is based on recommended dose of 2 sprays per nostril once daily.

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NASONEX
(mometasone furoate monohydrate)
Nasal Spray, 50 mcg*
FOR INTRANASAL USE ONLY

*corresponding to the anhydrous basis

BRIEF SUMMARY (For Full Prescribing Information see package insert.)

INDICATIONS AND USAGE NASONEX Nasal Spray, 50 mcg is indicated for the prophylaxis and treatment of the nasal symptoms of seasonal allergic rhinitis and the treatment of the nasal symptoms of perennial allergic rhinitis in adults and children 12 years of age and older. In patients with a known history of hay fever, treatment initiates nasal symptoms of seasonal allergic rhinitis. Initiation of prophylaxis with NASONEX Nasal Spray, 50 mcg is recommended 2 to 4 weeks prior to the anticipated start of the pollen season.

CONTRAINDICATIONS Hypersensitivity to any of the ingredients of this preparation contraindicates use.

WARNINGS The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency and, in addition, some patients may experience symptoms of withdrawal, for example, joint and/or muscular pain, lassitude, and depression. Careful attention must be given to those patients previously treated for prolonged periods with systemic corticosteroids are transferred to topical corticosteroids with careful monitoring for acute adrenal insufficiency in response to stress. This is particularly important in those patients who have associated asthma or other clinical conditions where too rapid a decrease in systemic corticosteroid dosing may cause a severe exacerbation of their symptoms.

If recommended doses of intranasal corticosteroids are exceeded or if individuals are particularly sensitive or predisposed by virtue of recent systemic steroid therapy, symptoms of hypercorticism may occur, including very rare cases of menstrual irregularities, acneiform lesions, and cushingoid features. If such changes occur topical corticosteroids should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Persons who are on drugs which suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in nonimmune children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS **General**: In clinical studies with NASONEX Nasal Spray, 50 mcg, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, use of NASONEX Nasal Spray, 50 mcg should be discontinued and appropriate local or systemic therapy instituted, if needed.

Nasal corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract, or in untreated fungal, bacterial, systemic viral infections, or ocular herpes simplex.

Rarely, immediate hypersensitivity reactions may occur after the intranasal administration of mometasone furoate monohydrate. Extreme rare instances of wheezing have been reported.

Rare instances of nasal septum perforation and increased intraocular pressure have also been reported following the intranasal application of aerosolized corticosteroids. As with any long-term topical treatment of the nasal cavity, patients using NASONEX Nasal Spray, 50 mcg over several months or longer should be examined periodically for possible changes in the nasal mucosa.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septum ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Glaucoma and cataract formation was evaluated in one controlled study of 12 weeks' duration and one uncontrolled study of 12 months' duration in patients treated with NASONEX Nasal Spray, 50 mcg at 200 mcg/day. No significant intraocular pressure measurements and slit lamp examination. No significant change from baseline was noted in the mean intraocular pressure measurements for the 141 NASONEX-treated patients in the 12-week study, as compared with 141 placebo-treated patients. No individual NASONEX-treated patient was noted to have developed a significant elevation in intraocular pressure or cataracts in the 12-week study. Likewise, no significant change from baseline was noted in the mean intraocular pressure measurements for the 139 NASONEX-treated patients in the 12-month study and again, no cataracts were detected in these patients. Nonetheless, nasal and inhaled corticosteroids have been associated with the development of glaucoma and/or cataracts. Therefore, close follow-up is warranted in patients with a change in vision and with a history of glaucoma and/or cataracts.

When nasal corticosteroids are used at excessive doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, NASONEX Nasal Spray, 50 mcg should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Information for Patients: Patients being treated with NASONEX Nasal Spray, 50 mcg should be given the following information and instructions. This information is intended to aid in the safe and effective use of the medication. It is not a disclosure of all intended or possible adverse effects. Patients should use NASONEX Nasal Spray, 50 mcg at regular intervals (once daily) since its effectiveness depends on regular use. Improvement in nasal symptoms of allergic rhinitis has been shown to occur within 11 hours after the first dose based on one single-dose, parallel-group study of patients in an outdoor "park" setting (park study), and one environmental exposure unit (EEU) study and within 2 days after the first dose in two randomized, double-blind, placebo-controlled, parallel-group seasonal allergic rhinitis studies. Maximum benefit is usually achieved within 1 to 2 weeks after initiation of dosing. Patients should take the medication as directed and should not increase the prescribed dosage by using it more than once a day in an attempt to increase its effectiveness. Patients should contact their physician if symptoms do not improve, or if the condition worsens. To assure proper use of this nasal spray and to attain maximum benefit, patients should read and follow the accompanying Patient's Instructions for Use carefully.

Patients should be cautioned not to spray NASONEX Nasal Spray, 50 mcg into the eyes.

Persons who are on immunosuppressant doses of corticosteroids should be warned to avoid exposure to chickenpox or measles, and patients should also be advised that if they are exposed, medical advice should be sought without delay.

Carcinogenesis, Mutagenesis, Impairment of Fertility: In Sprague Dawley rats, mometasone furoate administered by inhalation for 2 years produced a significant increase in the incidence of tumors at an inhalation dose of 100 mcg/kg (approximately 3 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis). In CD-1 mice, mometasone furoate demonstrated no statistically significant increase in the incidence of tumors at an inhalation dose of 1,160 mcg/kg (approximately 4 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

Mometasone furoate was not mutagenic in the mouse lymphoma assay and the *Salmonella/E. coli* bacterial microsome mutation assay. In the Chinese hamster lung (CHL) chromosomal-aberrations assay and mouse bone-marrow erythrocyte micronucleus assay, and bone-marrow clastogenicity assay, and the mouse male germ-cell clastogenicity assay. Mometasone furoate also did not induce unscheduled DNA synthesis *in vivo* in rat hepatocytes.

In reproductive toxicity studies in rats, mometasone furoate administered subcutaneously caused longed gestation, prolonged and difficult labor, reduced offspring survival, and reduced maternal weight gain following treatment at 15 mcg/kg (approximately ¼ the maximum recommended intranasal dose in adults on a mcg/m² basis). Impairment of fertility in rats was not produced by subcutaneous doses up to 15 mcg/kg.

Pregnancy: ***Teratogenic Effects: Pregnancy Category C***: Mometasone furoate caused cleft palate in mice at subcutaneous doses of 60 and 180 mcg/kg, (approximately 2 and 4 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis, respectively). Offspring survival was reduced in the 180 mcg/kg group. The nonteratogenic subcutaneous dose level in mice was 20 mcg/kg (approximately ½ the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

In rabbits, mometasone furoate was teratogenic and caused flexed front paws at a topical dose of 150 mcg/kg (approximately 14 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

In rats, mometasone furoate produced umbilical hernia, cleft palate, and delayed ossification at a topical dermal dose of 600 mcg/kg (approximately 30 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis). At 1200 mcg/kg (approximately 60 times the maximum recommended intranasal dose in adults on a mcg/m² basis), microphthalmia, umbilical hernias, and delayed ossification were observed in rat pups.

In these teratogenicity studies, there were also reductions in maternal body weight gain and fetal weights and fetal growth (lower fetal body weights and/or delayed ossification) in mice (60 and 180 mcg/kg), rabbits (150 mcg/kg), and rats (600 mcg/kg).

In an oral teratology study in rabbits, at 700 mcg/kg, (approximately 70 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis), increased incidences of resorptions and malformations, including cleft palate and/or head malformations (hydrocephaly or domed head) were observed. Pregnancy failure was observed in most rabbits at 2800 mcg/kg (approximately 270 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

There are no adequate, and well-controlled studies in pregnant women. NASONEX Nasal Spray, 50 mcg, like other corticosteroids, should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic doses, suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a natural increase in corticosteroid production during pregnancy, most women will require a lower exogenous corticosteroid dose and many will need corticosteroid treatment during pregnancy.

Nonteratogenic Effects: Hypoadrenalism may occur in infants born to women receiving corticosteroids during pregnancy. Such infants should be carefully monitored.

Nursing Mothers: It is not known if mometasone furoate is excreted in human milk. Because many corticosteroids are excreted in human milk, caution should be used when NASONEX Nasal Spray, 50 mcg is administered to nursing women.

Pediatric Use: Safety and effectiveness in children less than 12 years of age have not been established.

Geriatric Use: A total of 203 patients above 64 years of age (age range 64 to 85) have been treated with NASONEX Nasal Spray, 50 mcg for up to 3 months. The adverse reactions reported in this population were similar in type and incidence to those reported by younger patients.

ADVERSE REACTIONS In controlled US and International clinical studies, a total of 3210 patients were treatment with NASONEX Nasal Spray, 50 mcg at doses of 50 to 800 mcg/day. The majority of these (n = 2103) were treated with 200 mcg/day. A total of 350 patients have been treated for 1 year or more. The overall incidence of adverse events for patients treated with NASONEX Nasal Spray, 50 mcg was comparable to patients treated with the vehicle placebo. Also, adverse events did not differ significantly based on age, sex, or race.

Three percent of patients in clinical trials discontinued treatment because of adverse events; this was similar for the vehicle and active comparators.

All adverse events reported by 5% or more of patients (regardless of relationship to treatment) who received NASONEX Nasal Spray, 50 mcg 200 mcg/day in clinical trials, and that were more common in NASONEX Nasal Spray, 50 mcg than placebo, are displayed in the table below.

ADVERSE EVENTS FROM CONTROLLED CLINICAL TRIALS IN SEASONAL ALLERGIC AND PERENNIAL ALLERGIC RHINITIS (PERCENT OF PATIENTS REPORTING)

	NASONEX NASAL SPRAY, 50 mcg 200 mcg (N = 2103)	VEHICLE PLACEBO (N = 1671)
Headache	26	22
Viral Infection	14	11
Pharyngitis	12	10
Epistaxis/Blood-Tinged Mucus	11	6
Coughing	7	6
Upper Respiratory Tract Infection	6	2
Dysmenorrhea	5	3
Musculoskeletal Pain	5	3
Sinusitis	5	3

Other adverse events which occurred in less than 5% but greater than or equal to 2% of mometasone furoate treated patients (regardless of relationship to treatment), and more frequently than in the placebo group included: arthralgia, asthma, bronchitis, chest pain, conjunctivitis, diarrhea, dyspepsia, earache, flu symptoms, myalgia, nausea, and rhinitis.

Rare cases of nasal ulcers and nasal and oral candidiasis were also reported in patients treated with NASONEX Nasal Spray, 50 mcg, primarily in patients treated for longer than 4 weeks.

In postmarketing surveillance of this product, cases of nasal burning and irritation and rare cases of nasal septal perforation have been reported.

OVERDOSAGE There are no data available on the effects of acute or chronic overdosage with NASONEX Nasal Spray, 50 mcg. Because of low systemic bioavailability, and an absence of acute drug-related systemic findings in clinical studies, overdose is unlikely to require any therapy other than observation. Intranasal administration of 1600 mcg (8 times the recommended dose of NASONEX Nasal Spray, 50 mcg) daily for 29 days, to healthy human volunteers, was well tolerated with no increased incidence of adverse events. Single intranasal doses up to 4000 mcg have been studied in human volunteers with no adverse effects reported. Single oral doses up to 8000 mcg have been studied in human volunteers with no adverse events reported. Chronic overdosage with any corticosteroid may result in signs or symptoms of hypercorticism (see **PRECAUTIONS**). Acute overdosage with this dosage form is unlikely since one bottle of NASONEX Nasal Spray, 50 mcg contains approximately 8500 mcg of mometasone furoate.

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My "INSTYLE" Life

I wore Gwyneth Paltrow's lipstick. I modeled Minnie Driver's mousse. Could going Hollywood glam up my suburban life? By Melinda Marshall

Forget giant meteors and asteroids. Forget Y2K. Life as we know it will surely end when Hollywood, along with the rest of California, cracks away from the mainland and falls into the Pacific.

Can you begin to imagine the vacuum this would cause in our lives? Imagine standing in the supermarket checkout, two customers behind the woman buying one hundred pounds of kitty litter, and being denied tabloid coverage of **Jennifer** and **Brad**, **Bruce** and **Demi**, or Hollywood Moms and Their Babies! Imagine a doctor's office visit without that double issue of the 50 Most Beautiful People in the World to tide you over! Could you even hope to hold a conversation if you hadn't watched the Academy Awards?

The way we worship our [illegible] celebs, you'd think they were [illegible] very least, the heroic and regal [illegible] play. Take **Gwyneth** on Oscar night. There she was, stepping out of her limo in a diamond necklace and designer satin gown as though she were a princess. And sure enough, *we could not get enough* of Lady Paltrow in Pink. Good heavens! Is this because **Diana** is gone from our lives?

It's outrageous. Ridiculous. And yet . . .

Kinda fun.

It pains me to admit, but I have a bit of a fixation on these folks myself. Personally, **Liam Neeson** does it for me, although I have to agree, **Mel Gibson** is one of the Sexiest Men Alive. I have taken to reading *InStyle* magazine, which is, if you've somehow never seen it, a shameless nod to our fascination with the Rich and Famous. Each month it features their homes, their parties, their clothes, their makeup, even their tea kettles—and then it spells out how ordinary mortals like us can come by these tokens of glamour. Those butterfly barrettes we glimpsed on **Minnie Driver**'s hair? *InStyle* will tell us who designs and sells *(continued)*

How do you like them opals? Oprah turned me on to this fab nail polish. I improvised on the toilet-paper toe separators, however

...The paint **Jamie Lee Curtis** prefers on her walls? (It's Aroma White, and it's a toll-free number and credit-card away.

I've been ripping out pages. Well, okay—more than that. I've been making some purchases.

At first it wasn't much. I bought **Jennifer Aniston**'s body lotion. I bathed in **Roseanne's** milk bath. I tried **Oprah**'s automatic tweezers. Decent products, all.

Then I got a tad carried away. I didn't just order **Cameron Diaz**'s lip gloss. No. I purchased her entire makeup ensemble. I didn't just buy a vase from **Meg Ryan**'s glassblower—I had four shipped to me. And when I saw those strands of stained glass that adorn the arms and neck of **Lauryn Hill**? One necklace and bracelet wouldn't do. I had to have all eight.

I tell you, living with all these celebrity-validated goods—it's changed me.

Last Tuesday was my turn to be snack mom for my daughter's Brownie troop. I put on my Lauryn Hill jewelry, and because I looked so . . . suburban, I took out **Winona Ryder**'s jet-black eye pencil and smudged it around my eyes. I smeared **Christina Ricci**'s molding paste through my tresses. I made my lips all but disappear with **Sigourney Weaver**'s Divine Flesh lipstick. A spritz of Demeter cologne in Gin & Tonic, the scent favored by **Stella McCartney**, and I was ready to meet the fledgling Girl Scouts.

Pity was, all the moms I encountered over at the school were too polite to say anything. They composed their smiles and carefully averted their eyes from my hair, which looked like it might harbor lice. The troop leader hustled me out but made no mention of the fact that I smelled like a highball. (I will not be invited to supervise cookie sales this spring, I think.)

Undeterred, I made another stab at celebrity—this time for my twentieth high-school reunion, which was to be held in a classmate's home. My husband opted out for this affair, and that just emboldened me: I dressed as if I were going to be awarded an Oscar. I slithered into a short python sheath just like the one **Lucy Liu** wore on *Ally McBeal* and my highest, spikiest satin heels. I sprayed my hair with enough of **Lisa Kudrow**'s shine enhancer to be a fire hazard. I frosted my eyes. I plumped and stained and glossed my lips. I clipped on the crystal barrette I saw on **Janeane Garofalo**'s hair, and I positively *glittered*.

My classmate, Janet, our hostess for the evening, answered the door *(continued)*





That's me, perking up for another InStyle day! Later, doing snack-mom duty at Brownies, no one mistook me for Lauryn Hill, oddly enough. Hmmm . . . maybe I should apply a little more celeb makeup. . . .





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...ff to my high-school reunion, but hey, where's the limo? The lights? The baby-sitter? When I arrive, someone hands me a beer! In this dress! But that night in bed, bingo! Hey, Sharon Stone. Thanks for the tip!





ing a denim jumper and jogging ighteen-month-old on her hip. ryone in attendance seemed to understood that the dress code casual, the better to lean over the keg stationed on the deck. I felt as I did when I was a teenager and wed up at a party overdressed. ne ordeals you're doomed to re- the rest of your life, I guess.)

t midnight, wishing I could turn a pumpkin, I drove home to my husband. He was in bed reading. I shucked my decolletage and put on my new itty-bitty cherry-adorned nightie. It's the kind you can't sit down and cross your legs in without exciting some attention, which must be why **Sharon Stone** orders one delivered to her home every month.

"How was the party?" my husband asked. I could feel his eyes follow me out of the bathroom.

"Great," I replied, climbing into bed.

[illegible]

Meanwhile, I marveled at how [illegible] the light.

[illegible]

Could there be anyone [illegible] who will see [illegible] should I [illegible] me not to dress as well as I could? I said.

Mmmm. That's a pure fantasy.

But isn't that what we're starved for we mortals who wait in supermarket checkouts and find our crackers at Scout meetings? Surely life is more fun for those who insist on living like the heroes and princesses they play. And if we can get just one piece of that fantasy for ourselves, if we can come by just enough of their glitter to glam up our lives—*why shouldn't we?*

You can put me down for a month's delivery of Cherry Pie pj's.

Melinda Marshall is a contributing editor to Ladies' Home Journal.

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On the Road with the Dixie Chicks

LHJ hangs out with country music's hottest trio

By Judith Newman

Three Rivers Stadium, Pittsburgh: 98 degrees, 80 percent humidity; fifty thousand fans have come out for a day of fun at the George Strait Country Music Festival. Much of the crowd is clearly waiting impatiently for the Dixie Chicks, arguably the hottest crossover phenomenon in country music since Shania Twain.

But that doesn't prevent the three well-bred blond Texas belles from being as down-home as can be. "You gotta take these," urges twenty-seven-year-old Emily Robison, the band's banjo-dobro player, passing along a box of Godiva chocolates given by a fan. "I sure don't need 'em." We're escaping the heat in the girls' RV, their home away from home while they tour the country for this festival and 14th Fair. Snapshots of Emily and the two other Chicks—her fiddle- and mandolin-playing sister Martie Seidel, twenty-nine, and lead singer Natalie Maines, twenty-four—cover the interior.

The girls are trying to relax before going onstage, having just endured the meet-'n-greet with fans. After watching the three of them try very hard to be polite to the good ol' boys pawing them in quick photo ops, I read Emily's quip, scrawled on the RV bulletin board, which seems particularly appropriate: "Life's too short to breathe bad beer breath."

No question about it: 1999 has been the Year of the Chicks. Their six million-plus–selling album, *Wide Open Spaces*, garnered them crossover status, two Grammys (including Best Country Album) and the 1999 American Music Award for Favorite New Artist (Country). (Each girl sports six tiny chicken-foot tattoos on her ankle; they've vowed to get more tattoos for each number-one single, number-one album, and when their albums go gold or platinum.)

Who are the girls who don't like to be called "the Spice Girls of country"? Natalie is surprisingly hard-headed about business. Martie is a championship-level fiddle player who started at age five. And Emily, Martie's younger sister, learned banjo at age ten and picked up the dobro and guitar soon after.

The Chicks—who always knew they wanted to be musicians—have had a loyal Texas following since 1989. In those days, Emily, Martie and two other girls were busking on Dallas street corners, decked out in denim and sequins; one performed with a rubber chicken around her neck. Back then they were known as the Dixie Chickens. Fans shortened it to the Dixie Chicks, a name that stuck, and between 1991 and 1995, they put out three independent albums. They were on the *(continued)*



Martie belts it out; the Dixie Chicks working the stage; Emily strumming the dobro; and lead singer Natalie in a Chicks sandwich at the mike

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road constantly, cruising in a beat-up pink RV. They opened for artists like Garth Brooks and Emmylou Harris. By 1995, two of the chicks had flown the coop, and Natalie was recruited to sing. Nashville began to take notice; it couldn't have hurt that Natalie's father was legendary pedal steel guitarist Lloyd Maines.



Ditching dude-ranch duds for Todd Oldham and Cynthia Rowley, the Chicks got the attention of teens. But the Chicks hope fans see past the rags to the musical skill. "Kids playing instruments, that's a big thing for me," says Emily. "I just want them to look at Martie and see that after all those years of lessons, there is something you can do that's hip and cool and fun. It's important for fans to know we're not just microphone holders."

Thirty minutes till showtime. Slugging back Evian, we talk about their

> The Chicks aren't ashamed to say love is what matters, and that even if they've been hurt, they can give it and get it with the best of 'em

lives on the road. Em and Martie are happ married, to singerson writer Charlie R bu and pharmaceutica sa rep Ted Seidel, respect ly. Natalie's nine month marriage to a Michael Tarabay ree ended in divorce; confirms that a so their new album, Wagon"—about " who's been good fo long"—is inspired by her divo We talk about the gossip, of th Natalie is the main focus: "Acco to the Internet, Natalie slept w Martie's husband," says Emily. A she's pregnant with [country-su artist] Deryl Dodd's baby." (A co of extra postdivorce pounds o tummy of the beautifully volupt Natalie have roadies calling h J.R.—for "Jelly Roll.")

The Dixie Chicks have not for k the traditional themes of countryn sic—love and loss—but they nav



amiliar waters with upbeat tem
d no-nonsense attitude. In many
r best tunes—most notably "I et
ly," which will be on their new
Fly, due out August 31—they
ither divas nor supplicants, but
n who aren't ashamed to say that
what really matters, and even if
e been hurt, they can give it and
with the best of 'em.

savers talk about their "packag
and scoffed when Natalie
ed "our makeup artists and our
yhists" at the American Music
ds. Then there's also the ques
f how long can you be a Chick?
your thirties? Forties? Fifties?
e, who'll turn thirty in October,
ly says she's a little uncomfort
with the *Chicks Kick Ass* buttons
irls sell. Natalie, characteristical-
its to the chase. "Of course you
e a Chick at forty, but when
forty, we'll *look* forty," she says.
're not going to be wearing ght-
id platforms." "Yeah," says Emi
aughing. "We will make that
ge right now!"

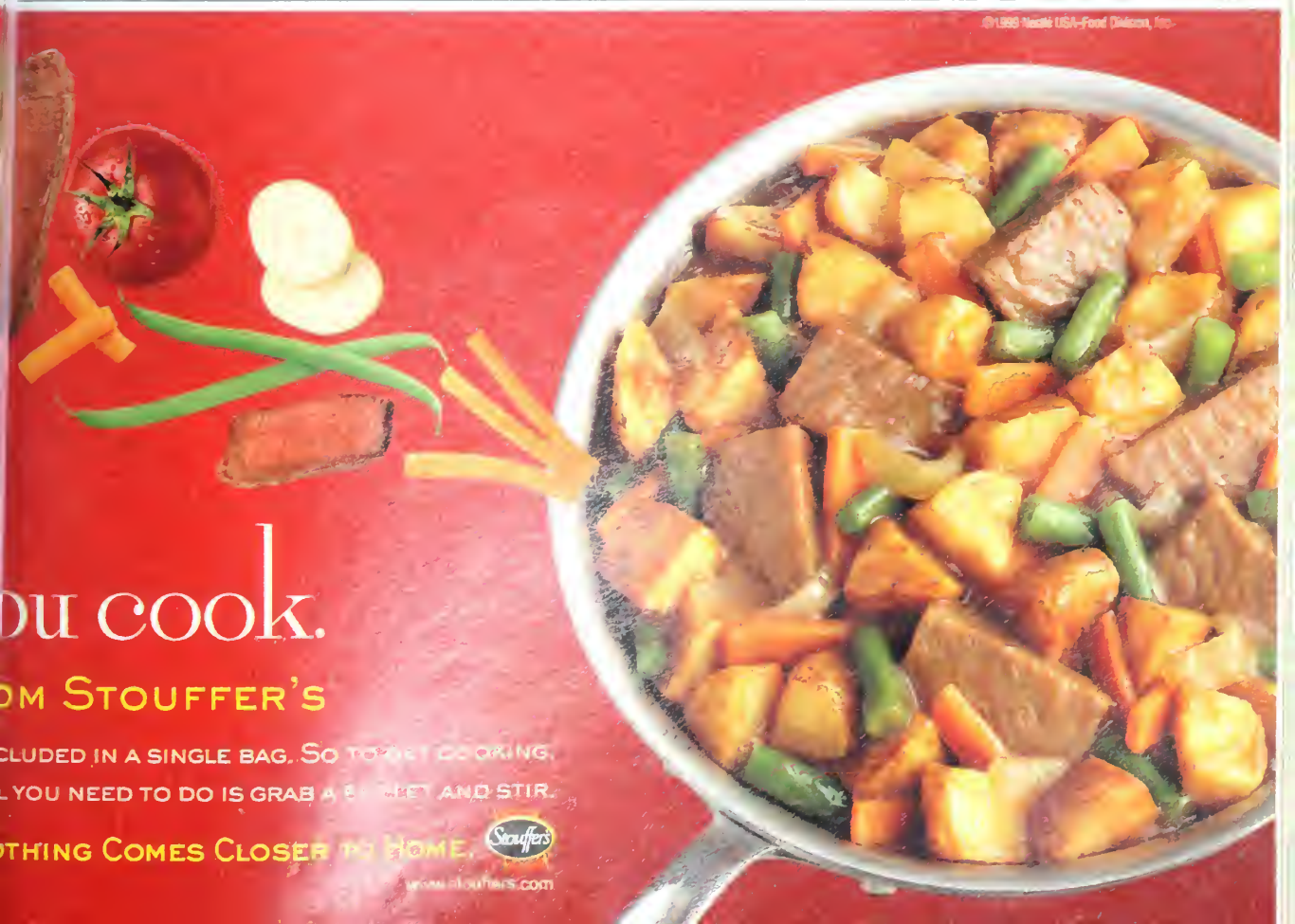


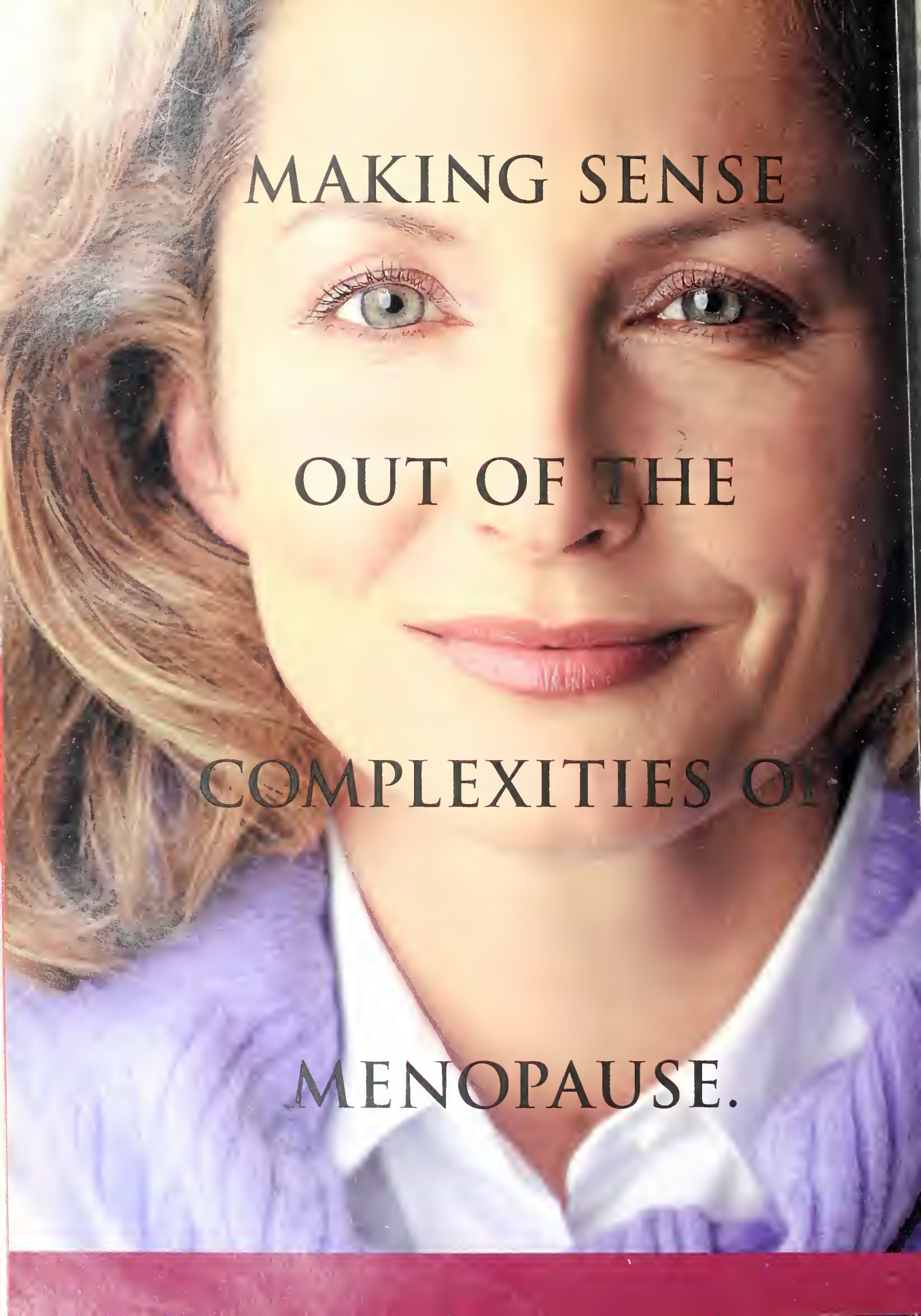
Exuberant fans sweating it out at the George Strait Country Music Festival in Pittsburgh

[illegible] and the crowd [illegible] the sun. But [illegible] and [illegible] are on [illegible] as the [illegible] ravishing blonds strut to the microphone.

"Oh dear, this moment still gives me butterflies in my stomach," says a lovely, petite woman next to me. She is a high-school English teacher dressed in khakis and sensible shoes; she also happens to be Barbara Trask, Emily and Martie's mother. "After all those years of lessons, I never imagined this," murmurs Trask, as she watches her daughters cavort onstage in belly shirts and hot-pink feather boas. "I always saw them in a symphony orchestra."

Judith Newman wrote about Harrison Ford in the August issue of Ladies' Home Journal.




MAKING SENSE
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You may not even know you're losing estrogen and the symptoms of menopause—*hot flashes, night sweats, vaginal* [illegible] are common signs of estrogen loss. Protecting yourself is important because estrogen loss can lead to future health problems like *osteoporosis.*

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in menopause, significant changes are occurring ur body. The hot flashes, night sweats and vaginal ou may be experiencing are the signs that your oducing less estrogen. PREMPRO can relieve these s and help you feel better.

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, hormone replacement therapy, is prescribed for who have not had a hysterectomy to relieve the ortable symptoms of menopause. PREMPRO is proven e the hot flashes that can disrupt your days. It also s the night sweats that can interrupt your sleep, nay leave you tired and irritable the next day. With , you should stop experiencing these symptoms, ithin days of starting therapy.

weeks, PREMPRO can ease the discomfort of dryness, that can interfere with sexual intimacy. portantly, studies have shown that PREMPRO lps to protect against osteoporosis, by helping ent early bone loss and reducing hip and wrist s by approximately 60%.

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nd of multiple estrogens in PREMPRO is the same ed in the most widely studied of all estrogen ts. With PREMPRO, you can feel confident you tting the same blend of estrogens that women eir doctors have trusted for over 55 years ned with a progestin in one, convenient tablet

can be side effects with PREMPRO.

en can increase the risk of cancer of the uterus stin combined with estrogen, as in PREMPRO s this risk. If you have had a hysterectomy, you do not have this risk. Progestins may have unfavorable effects on blood sugars, which may worsen a diabetic condition. Side effects of PREMPRO include blood clots, nausea, vomiting, breast tenderness, and abdominal pain.

PREMPRO may not be right for every woman.

When you discuss taking PREMPRO with your doctor or other health care provider, be sure to discuss your personal and family medical history, including any breast cancer, uterine cancer, abnormal vaginal bleeding, abnormal blood clotting, stroke, heart disease, or liver disease. You should not take PREMPRO if you have had any of these conditions. Pregnant women should not take PREMPRO because of possible risk to the fetus.

Protect your health now with PREMPRO.

Now, more women than ever are taking an active role in their own health care. If you are in menopause, there's no better time to ask your doctor if PREMPRO is right for you. Taking PREMPRO today can relieve your uncomfortable symptoms, and may help protect you from osteoporosis. Speak to your doctor or health care provider now about the proven benefits of PREMPRO.

Please see the important information on the following page

SHOULD YOU SPEAK WITH YOUR DOCTOR ABOUT MENOPAUSE?

Have your periods stopped or become irregular?__

Have you started to experience hot flashes?__

Have you been unable to sleep or awakened because of excessive sweating?__

Has vaginal dryness interfered with sexual intimacy?__

Do you have a small frame or family history of osteoporosis?__

If you answered yes to any of these questions, you should speak to your doctor

PREMPRO™

(conjugated estrogens/medroxyprogesterone acetate tablets)

0.625 mg/2.5 mg

For more information, visit our Web site: www.Prempro.com

BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

PREMPRO™ Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

PREMPHASE® Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

...why you should not take estrogen/progestin drugs and the benefits and risks of treatment.

...PREMPHASE® Each ... contain a combination of two hormones: an estrogen and a progestin. The combination ... progestin has been shown to provide the benefits of estrogen replacement therapy while ... the possible precancerous condition of the uterine lining. This therapy is not intended for ... hysterectomy (surgical removal of the uterus).

... had also some risks. You must decide, with your doctor, whether the risks ... weighed against their benefits. The length of treatment with estrogens can vary ... Check with your doctor to make sure you are using the lowest possible effective dose.

...PREMPRO or PREMPHASE therapy several menstrual-like bleeding patterns may occur. These may range ... bleeding or irregular bleeding. If bleeding occurs, it is frequently light spotting or moderate ... but it may be heavy. Please discuss your bleeding pattern and set up an appropriate ... with your physician.

USES OF ESTROGEN

...*postmenopausal symptoms*. Estrogens are hormones produced by the ovaries of normal ... of estrogen that occurs in all women, usually between the ages of 45 and 55, ... the ovaries are removed during an operation causing "surgical menopause." When ... begins to decrease, some women develop very uncomfortable symptoms, such as feelings ... the face, neck, and chest, a sudden intense episode of heat and sweating ("hot flashes" or "hot flushes"). ... drugs can help the body adjust to lower estrogen levels and reduce these symptoms. Some ... have only mild menopausal symptoms or others symptoms can be severe. These symptoms may ..., a few months or longer. Taking PREMPRO or PREMPHASE can alleviate these symptoms. If you are not ... hormones for other reasons, such as the prevention of osteoporosis, you should take PREMPRO or PREMPHASE ... as you need it for relief from your menopausal symptoms.

To prevent thinning of the bones. Osteoporosis is a thinning of the bones that makes them weaker and allows them ... more easily. The bones of the spine, wrists, and hips break most often in osteoporosis. Both men and women ... to lose bone mass after about age 40, but women lose bone mass faster after the menopause. Using estrogens ... the menopause slows down bone thinning and may prevent bones from breaking. Eating foods that are high in ... such as dairy products or taking calcium supplements (1000 to 1500 milligrams per day) and certain types ... exercise may also help prevent osteoporosis. Before you change your calcium intake or exercise habits, it is ... important to discuss these lifestyle changes with your doctor to find out if they are safe for you. Since estrogen use ... and with many risks, the prevention of osteoporosis should be limited to women who appear ... to be at risk for it. The following factors often present in women who are likely to develop ... white or Asian race, small thin body frame, cigarette smoking, family history of osteoporosis, and ... loss of menopause.

... vaginal symptoms, burning, dryness in or around the vagina, difficulty or burning on ... associated with menopause.

WHO SHOULD NOT USE ESTROGENS

During pregnancy. If you think you may be pregnant, do not use any form of estrogen-containing drug. Using estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor. Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the ... of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your ... because you may be harming your vaginal bleeding is caused by cancer of the uterus.

If you have had cancer. Since estrogens increase the risk of certain types of cancer, you should not use estrogens ... if you have had cancer of the breast or uterus.

If you have any of the following problems. Estrogen drugs should not be used except in unusually special situations ... with your doctor. He or she decides that you need estrogen therapy so much that the risks are acceptable. Women with ... the following conditions should avoid estrogen use (see **RISKS OF ESTROGENS AND/OR PROGESTINS**):

When you are not well. During menopause some women develop nervous symptoms or depression. Estrogens ... not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your ... soft and supple and keep you looking young. There is no evidence for these claims and such long-term ... may be harmful.

If you are breast-feeding a baby. Estrogen should not be used to try to stop the breast from filling ... after a baby is born. Such treatment may increase the risk of developing blood clots (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

... Avoid using any drugs because many drugs pass through to the baby in the ... milk. While breast-feeding, you should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

... any drug which contains estrogen, it is important to visit your doctor regularly and ... any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine ... Your doctor should evaluate any unusual vaginal bleeding to find out the cause. The risk of cancer of the ... uterus, breast, and ovary may be increased after the longer they are used, and when larger doses are taken. There is a ... which may be associated with long-term estrogen use.

... you are overweight, diabetic, or have high blood pressure.

... taking certain estrogen and progestin. This combination has been shown ... therapy for the **USES OF ESTROGENS** listed above, while reducing ... during (see **OTHER INFORMATION** below).

... with estrogen treatment. The possible risks ... PREMPRO/PREMPHASE: unfavorable effects on blood sugars, and ... (see "Risks of Estrogens and/or Progestins" below). Usually, the smaller the dose and the ... are prescribed. Check with your doctor to make sure you are ... If you have had your uterus removed, there is no ... increased by using a combination estrogen/progestin product.

... a risk of breast cancer in women who have ever used ... However, ... developed more often (up to twice the usual rate) ... in women who used estrogens for long periods of time (especially more than 10 years), or who used higher ... shorter time periods. The effects of added progestin on the risk of breast cancer are unknown. Some studies ... reported a somewhat increased risk, even higher than the possible risk associated with estrogens alone, ... have not. Regular breast examinations by a health professional and monthly self-examination are recommended ... for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder disease ... needing surgery than women who do not use estrogens.

Inflammation of the Pancreas. Women with high triglyceride levels may have an increased risk of ... inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can cause ... a heart attack, or a pulmonary embolus, any of which may cause death or serious long-term disability.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with breast ... bone cancer.

During pregnancy. There is an increased risk of birth defects in children whose mothers take drugs ... first four months of pregnancy. Several reports suggest an association between mothers who take drugs ... first trimester of pregnancy and genital abnormalities in male and female babies. The risk to the baby ... possibility of being born with a condition in which the opening of the penis is on the underside rather than ... the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is also ... exposure to these drugs. There is not enough information to quantify the risk to exposed females. There ... enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of ... as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester. ... These drugs have been used as a test for pregnancy, but such use is no longer considered safe because ... damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. ... PREMPRO or PREMPHASE and later find you were pregnant when you took it, be sure to discuss this with your ... doctor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or progestin use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen
- Yellowing of the skin and/or whites of the eyes
- Breast tenderness or enlargement
- Enlargement of benign tumors ("fibroids") of the uterus
- Irregular bleeding or spotting
- Change in amount of cervical secretion
- Vaginal yeast infections
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease
- A spotty darkening of the skin, particularly on the face; reddening of the skin; skin rashes
- Worsening of porphyria
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses)
- Mental depression
- Involuntary muscle spasms
- Hair loss or abnormal hairiness
- Increase or decrease in weight
- Changes in sex drive
- Possible changes in blood sugar

REDUCING THE RISKS OF ESTROGEN/PROGESTIN USE

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly. While you are taking PREMPRO or PREMPHASE, it is important to visit your doctor at least once a year for a checkup. If you develop vaginal bleeding while taking estrogens, you may need prompt evaluation. If members of your family have had breast cancer or if you have ever had breast lumps or abnormal mammogram (breast X-ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate your need for estrogens periodically, at least every six months.

Be alert for signs of trouble. Report these or any other unusual symptoms to your doctor immediately:

- Abnormal bleeding from the vagina
- Pains in the calves or chest, a sudden shortness of breath, or coughing blood
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numbness of arm or leg
- Breast lumps
- Yellowing of the skin and/or whites of the eyes
- Pain, swelling, or tenderness in the abdomen

OTHER INFORMATION

Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the uterus. Taking progestins, another hormonal drug, with estrogens lowers the risk of developing this condition.

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on blood sugars, which might make a diabetic condition worse. Additional risks include a possible further increase in blood pressure, a risk which may be associated with long-term estrogen use.

Some research has shown that estrogens taken *without* progestins may protect women against developing heart disease. However, this is not certain. The protection shown may have been caused by the character of the estrogen-treated women and not by the estrogen treatment itself. In general, treated women were slimmer, more physically active, and were less likely to have diabetes than the untreated women. These characteristics may be responsible to protect against heart disease.

You are cautioned to discuss, in detail, with your doctor or health care provider all the above risks and benefits of long-term estrogen and progestin treatment as they affect you personally.

If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

This Summary provides the most important information about PREMPRO and PREMPHASE. If you want more, ask your doctor or pharmacist to let you read the professional labeling.

WAPR-0589

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Jokes, cartoons and new ideas to put more fun in your life

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he scoop on our
avorites (surprisingly,
:hocolate didn't
nake the cut):



1. VANILLA

2. BUTTER PECAN

3. DULCE DE LECHE



MAKING A SCENE

We all love Meg Ryan's orgasm-on-command scene in "When Harry Met Sally . . .", but there are plenty of other movie moments that make us laugh out loud. Head to your local video store and check out any of these movies when you need a lift.

[illegible]

CARTOON CLASSIC



"Made me forget what butt in that suit"

LAUGHING MATTER

JOAN RIVERS ON EXERCISE:

"I don't exercise. If God wanted me to bend over, he would have put diamonds on the floor"



Mood Swing

Waiting in line is definitely a drag. Three fun things to do instead of tapping your toes:

- Give everyone around you an imaginary hair makeover. Feel free to perch Dolly Parton and Cher wigs on the heads of women and men alike.
- Check out all of the men in the room. Decide with whom you would most like to be stranded on a desert island.
- Reminisce about a few of your firsts—your first love, your first breakup, your first car, your first set of pierced earrings, your first prom date, your first best friend.

The OTHER Mrs. Bush

Laura Bush, the woman who would be First Lady, speaks out about her husband's campaign, the problem he overcame and the mother-in-law she admires **By Kathryn Casey**



LAURA BUS
READING L
FOR KID

A former librarian, Laura Bush recommends the following books for parents and children to read together:

- Little Women, by Louisa May Alcott.
- The Little House on the Prairie series, by Laura Ingalls Wilder.
- Charlotte's Web, by E.B. White.
- Old Yeller, by Fred Gipson.
- Officer Buckle and Gloria, a kids' book about safety, by Peggy Rathmann.
- Amazing Grace, by Mary Hoffman, about an African-American girl who aspires to play Peter Pan.

On a recent afternoon at a Wal-Mart near Athens, Texas, an attractive—and awfully familiar-looking—woman with two teenage girls stood in the checkout line. A nearby shopper gave her a quizzical look before finally asking, "Don't I know you?"

"I'm Laura Bush," the woman answered.

"Sorry, that doesn't ring a bell," the shopper said with a shrug.

Leaving the store, Laura's daughters burst out laughing. Mom, the First Lady of Texas, was just another face in Wal-Mart.

Scenes like that will happen less frequently in the months to come, for Laura, fifty-two, is the wife of Texas Governor George W. Bush, the G.O.P. front-runner for the 2000 presidential election. "I'm not sure what Laura envisioned [her life would be like] when we married," says her husband. "But she knew it was going to be different."

WHEN GEORGE W. MET LAURA

In her austere office, tucked into a hallway of the underground annex at the Texas state capitol, Laura Bush sits pin straight, dressed in a slim silk suit, her blue eyes sparkling, her thick chestnut hair brushed carefully off her face. Her friends say that a perfect day for the former librarian might be one spent in the garden with a good book.

Yet, they add, she truly enjoys the excitement of a campaign. Says Jan O'Neill, Laura's friend since ninth grade, "Laura is more reticent [than George], but loves to be a part of whatever is going on."

Laura and her husband have remarkably similar backgrounds. Both grew up in Midland, Texas; Laura's father was a homebuilder, while George's family had relocated from Connecticut. In seventh grade, the two attended the same junior high, but Laura says she has only fleeting memories of the boy who dreamed of being a baseball star like Willie Mays.

After college (he earned an MBA from Harvard, she a master's in library science from the University of Texas at Austin), they lived in the same apartment complex in Houston. Yet their paths still didn't cross: Laura was teaching elementary school, while George, in what he has labeled his "young and irresponsible" era, was flying jets for the Texas Air *(continued)*



If your medicine isn't controlling your DIABETES...

Now GLUCOPHAGE can help.

COPHAGE (pronounced "glue-ko-fahj") is the most prescribed
· type 2 diabetes. Along with eating right and being active,
COPHAGE can be taken alone, with other diabetes pills called
ylureas, and with insulin to lower blood sugar.

dies show that **GLUCOPHAGE®** (metformin hydrochloride tablets)
ed to insulin lowers blood sugar better than insulin alone, and may
uce the amount of insulin you need to take.

UCOPHAGE treats the root causes of type 2 diabetes: it makes
ter use of your body's natural insulin, lowers sugar production, and
uces sugar absorption.

th **GLUCOPHAGE** your weight should stay the same or you may
n lose some. Many other diabetes medications can cause weight gain.

rolling your blood sugar is important because it can prevent or delay
olications such as blindness and amputations. So, even if you don't take
n shots, ask your doctor if **GLUCOPHAGE** is right for you.

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THE MOST PRESCRIBED DIABETES PILL

Important Information

The most serious side effect associated with Glucophage is called lactic acidosis, which is rare and has occurred in one in 33,000 patients on Glucophage over the course of one year. If lactic acidosis occurs, it can be fatal in up to half the cases. You should not take Glucophage if you have kidney disease or dysfunction, if you are 80 or older (unless you have first had your kidneys tested), if you are taking medication for congestive heart failure, if you have a history of liver disease, or if you drink alcohol excessively. The most common side effects are minor ones such as diarrhea, nausea, and upset stomach, which usually occur during the first few weeks on Glucophage.

Bristol-Myers Squibb Company

Please see additional important patient information on the next page.

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FS-K147A

PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochloride tablets)

500 mg, 850 mg, and 1000 mg

WARNING: A small number of people who have taken Glucophage have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 10-14)

Q1. Why do I need to take GLUCOPHAGE?

Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fahj) to treat your type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus.

Q2. What is type 2 diabetes?

People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. Why is it important to control type 2 diabetes?

Studies have shown that good control of blood sugar can prevent or delay complications such as blindness.

Q4. How is type 2 diabetes usually controlled?

High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q5. Does GLUCOPHAGE work differently from other glucose-control medications?

Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q6. What happens if my blood sugar is still too high?

When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q7. Why would I take GLUCOPHAGE if I am already on insulin?

Because adding GLUCOPHAGE to insulin can help you better control your blood sugar while reducing the insulin dose and possibly reducing your weight.

Q8. Can GLUCOPHAGE cause side effects?

GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

Q9. What kind of side effects can GLUCOPHAGE cause?

If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need to have their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Although these problems occur in up to one-third of patients when they first start taking GLUCOPHAGE, you should tell your doctor if the problems come back or start later on during the therapy.

About three out of one hundred people report having a temporary unpleasant or metallic taste when they start taking GLUCOPHAGE.

Q10. Are there any serious side effects that GLUCOPHAGE can cause?

GLUCOPHAGE rarely causes serious side effects. The most serious side effect that GLUCOPHAGE can cause is called lactic acidosis.

Q11. What is lactic acidosis and can it happen to me?

Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acidosis associated with GLUCOPHAGE is rare and has occurred mostly in people whose kidneys were not working normally. Lactic acidosis has been report in a in 33,000 patients taking GLUCOPHAGE (metformin hydrochloride tablets) course of a year. Although rare, if lactic acidosis does occur, it can t fatal half the cases.

It's also important for your liver to be working normally wh GLUCOPHAGE. Your liver helps remove lactic acid from your bloodstam.

Your doctor will monitor your diabetes and may perform blood tes on time to time to make sure your kidneys and your liver are functioninnorm

There is no evidence that GLUCOPHAGE causes harm to the kidne or

Q12. Are there other risk factors for lactic acidosis?

Your risk of developing lactic acidosis from taking GLUCOPHAGE is ve lo as your kidneys and liver are healthy. However, some factors can inc se because they can affect kidney and liver function. You should discus your physician. You should not take GLUCOPHAGE if:

- You have chronic kidney or liver problems
- You have congestive heart failure which is treated with medicatio in (Lanoxin®) or furosemide (Lasix®)
- You drink alcohol excessively (all the time or short-term "binge" d
- You are seriously dehydrated (have lost a large amount of body fl
- You are going to have certain x-ray procedures with injectable co s
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe i ct stroke
- You are ≥ 80 years of age and have NOT had your kidney function st

Q13. What are the symptoms of lactic acidosis?

Some of the symptoms include: feeling very weak, tired or uncomfort e muscle pain, trouble breathing, unusual or unexpected stomach disco fo cold, feeling dizzy or lightheaded, or suddenly developing a slow or ir u beat.

If you notice these symptoms, or if your medical condition has sudde stop taking GLUCOPHAGE and call your doctor right away. Lactic acido i ical emergency that must be treated in a hospital.

Q14. What does my doctor need to know to decrease my risk of l sis?

Tell your doctor if you have an illness that results in severe vomiting, dia fever, or if your intake of fluids is significantly reduced. These situations severe dehydration, and it may be necessary to stop taking GLUCO porarily.

You should let your doctor know if you are going to have any surger ized x-ray procedures that require injection of contrast agents. GLUCO apy will need to be stopped temporarily in such instances.

Q15. Can I take GLUCOPHAGE with other medications?

Remind your doctor that you are taking GLUCOPHAGE when any new scribed or a change is made in how you take a drug already GLUCOPHAGE may interfere with the way some drugs work and some interfere with the action of GLUCOPHAGE.

Q16. What if I become pregnant while taking GLUCOPHAGE?

Tell your doctor if you plan to become pregnant or have become pregn other oral glucose-control medications, you should not take GLUCOPH pregnancy.

Usually your doctor will prescribe insulin while you are pregnant. As w ications, you and your doctor should discuss the use of GLUCOPHAGE nursing a child.

Q17. Are there other risks associated with GLUCOPHAGE?

There is some evidence that any oral diabetes drug may increase the r problems. Experts are not sure what the real risk is for heart problems, taking oral diabetes medicine.

Q18. How do I take GLUCOPHAGE?

Your doctor will tell you how many GLUCOPHAGE tablets to take and how should also be printed on the label of your prescription. You will probabl ed on a low dose of GLUCOPHAGE and your dosage will be increased gra your blood sugar is controlled.

Q19. Where can I get more information about GLUCOPHAGE?

This leaflet is a summary of the most important information about GLUC you have any questions or problems, you should talk to your doctor or ot care provider about type 2 diabetes as well as GLUCOPHAGE and its si There is also a leaflet (package insert) written for health professionals pharmacist can let you read.

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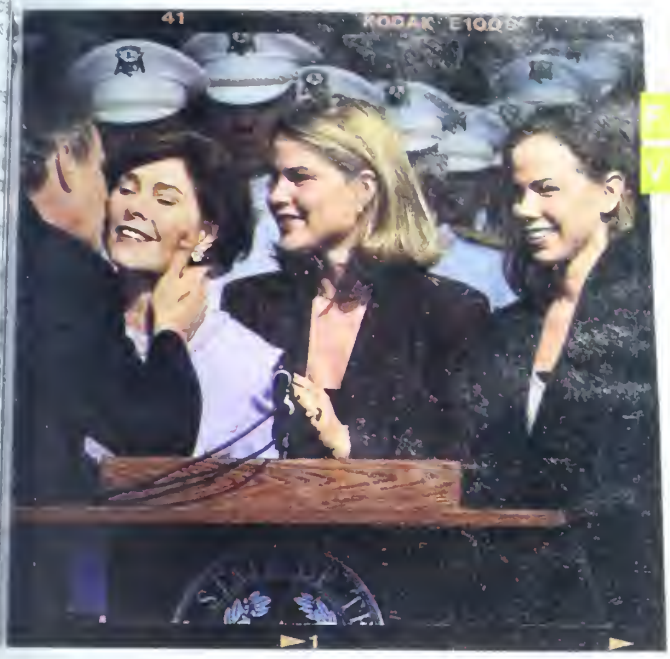
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Of Barbara Bush, Laura says, "She's a terrific role model . . . very strong and lots of fun"



FAMILY VALUES

Laura credits her husband's good relationship with his mother and daughters for the appeal he has to women voters. "He likes women," she has said. "He feels comfortable with [them]"

(continued) National Guard and garnering a reputation as a party animal.

The two officially met at a dinner at O'Neill's house in the summer of 1977. Was it love at first sight? "For me it was," says George. "There's something reassuring and calm, something beautiful about Laura that attracted me." Laura hedges slightly: "I don't know that it was love at first sight, [but] it was pretty close."

In November 1977, just four months later, the Bushes married in a small ceremony attended by family and close friends. "We had a whirlwind courtship, and it was the best decision I ever made," says George.

"A PERFECT MATCH"

"Laura is a perfect match for George," says his mother, former First Lady Barbara Bush. "They complement one another, and share a deep love for each other and their family and friends, not to mention wonderful senses of humor."

Laura's humor must have been handy that winter. George had decided to run for Congress, and he once asked her to give a talk in his place. Terrified in the spotlight, she began: "My husband told me I'd never have to make a political speech—so much for political promises."

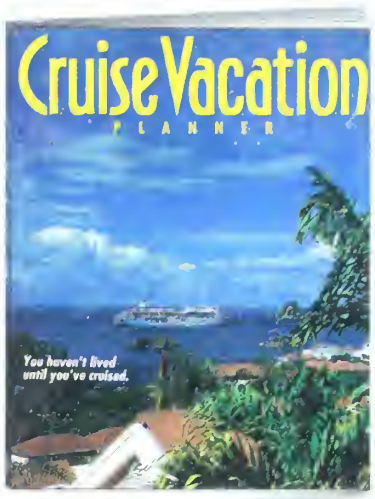
George lost that race. Still, they both say it was a good experience and that spending their first year of marriage campaigning gave them much-needed time together. Laura says, "The political races were the times we grew closest to each other."

PRIVATE LIVES

In Midland, temporarily out of politics, George concentrated on the oil business and the couple looked forward to starting a family. After three years of trying, Laura finally became pregnant with twins. Jenna and Barbara arrived for their grandmothers, were small but healthy. "We were so thrilled," Laura says.

The media have speculated on George's well-publicized past drinking habit. Laura had urged him to quit, but the message *(continued)*

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Whatever the outcome of the 2000 election, "I know [Laura] will still love me," says George W. "And that's more important than winning"

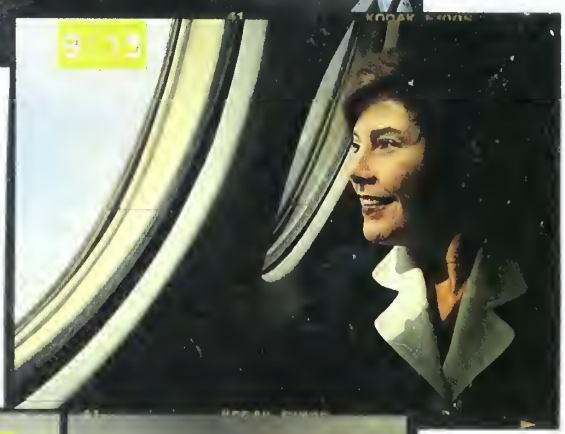
Sobriety didn't sink in until a celebration in 1986, at the posh Broadmoor resort in Colorado, when he woke with a bear of a hangover. "It was one of those weekends when we all woke up the next morning wondering, Why did we do that?" remembers Jan O'Neill.

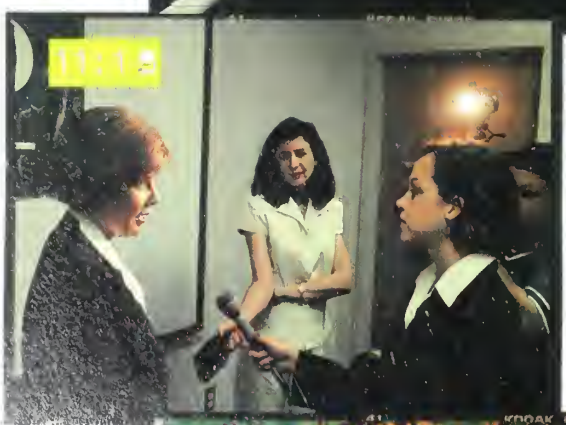
That day, George simply stopped drinking. Laura quips that his sobriety was the result of his notorious frugality: "We joked about it later, saying [he stopped because] he got the bar bill."

Laura believes some things should be kept private, even for public figures. Still, she knows questions will be asked. "I think he *was* drinking too much," she admits. "It was not affecting our lives—he never drank during the day, just at night. But I think he realized it was counterproductive. George loves to give me credit for helping him to quit, but the fact is, he has a lot of discipline."

In 1988, George moved the family to Washington, D.C., where he worked on his father's first presidential campaign. "That's when Barbara Bush and I became close," Laura says. Even today, they sometimes









A morning with Laura Bush (from top): Boarding a plane to College Station, Texas; in flight, she works on the speech she's about to give; talking to a local TV crew during a press conference on the importance of folic acid as a preventive measure against birth defects; cradling Juan, a child in foster care, at the state-sponsored Brazos Valley Community Partners

vacation together and swap favorite books. About her mother-in-law, she adds: "She's a terrific role model for a woman . . . very independent, very strong, irreverent and lots of fun."

The toughest year of the Bush marriage was 1992, when her father-in-law waged his unsuccessful reelection battle. Perhaps that helps explain Laura's initial reluctance in 1993, when her husband decided to run against Ann Richards, the popular incumbent Texas governor. George has described his wife as the last on the bandwagon. She disagrees. "I was the *first*," she corrects. "I just wanted George to think about it, make sure it was really what he wanted."

Since that first win (George W. easily won reelection in 1998), the Governor's Mansion in Austin has taken on the look of any home with teenagers. Barbara and Jenna are seniors at a large public high school, and they often invite friends over after school to snack and study.

Of the two, friends say Jenna resembles her mother, while Barbara has her famous grandfather's deep-set eyes. But their personalities are another story: Barbara is a quiet young woman who spent part of last year studying in Rome. Jenna, like her father, is a gregarious politician, active in student government.

Being Texas' First Lady has changed Laura, say friends. That awkward campaign speech is a memory now; she's poised and confident before the public. Laura has also learned to use her celebrity to benefit her favorite causes, raising money to improve literacy programs, found the Texas Book Festival, and spotlight research on early childhood development.

Still, when her husband first mentioned a

(continued on page 223)



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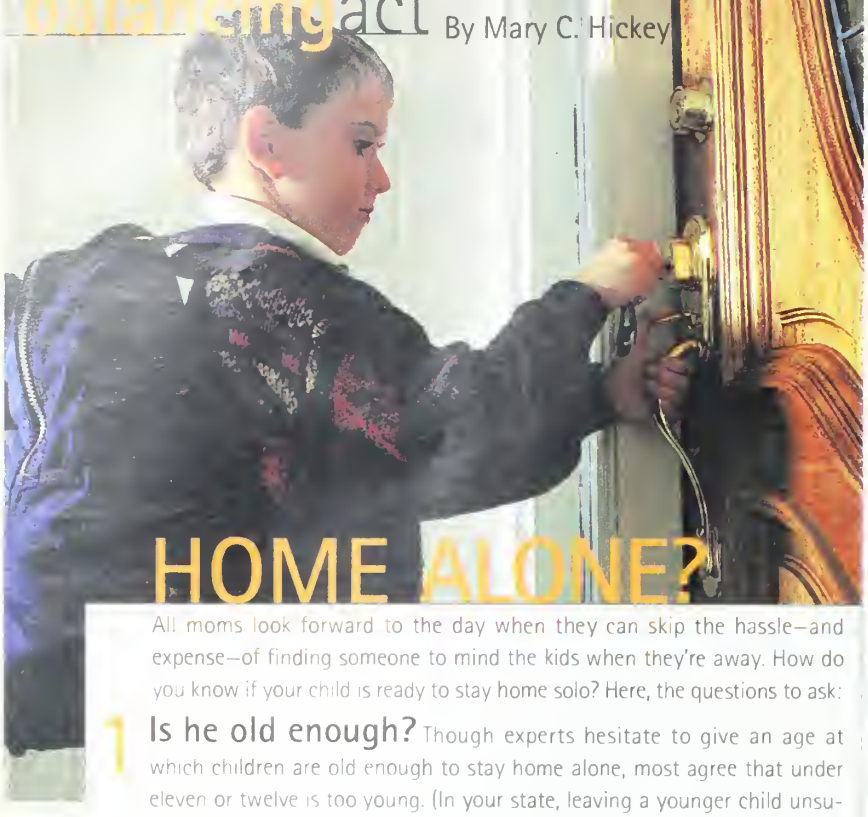


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By Mary C. Hickey



HOME ALONE?

All moms look forward to the day when they can skip the hassle—and expense—of finding someone to mind the kids when they're away. How do you know if your child is ready to stay home solo? Here, the questions to ask:

1 **Is he old enough?** Though experts hesitate to give an age at which children are old enough to stay home alone, most agree that under eleven or twelve is too young. (In your state, leaving a younger child unsupervised may also be illegal.) But even children who are technically old enough may not be ready. For instance, a child who can't be counted on to complete chores or solve small problems probably isn't.

2 **Is he emergency-prepared?** Marion C. Hyson, a professor of individual and family studies at the University of Delaware, in Newark, suggests rehearsing "what-if" scenarios before leaving a child unsupervised. Make sure he knows what to do if a stranger comes to the door or if there's a power outage, etc.

3 **Does he know the rules?** It's a good idea to set firm rules to be adhered to when you're away. Examples: Don't tie up the phone. Don't use the stove or the microwave. Don't leave home without asking first.

4 **Can he reach you?** It's important that you and your child are able to contact each other while you're away. In the event you'll be completely out of touch, arrange to have another adult on call.

BUSY PARENTS, SMART KIDS

A one-minute interview with John Beaulieu, Ph.D., co-author of *Workin' Parents Can Raise Smart Kids* (Parkland Press, 1999)

LHJ: How can time-starved moms help their kids succeed in school?

BEAULIEU: The main thing is to let your child know you value his education by showing an interest in what's going on at school. Keep in contact with his teachers and set aside time every day to talk to your child about what he learned that day. Look at his schoolwork—this should take only a few minutes. Despite what parents think, it isn't necessary to spend huge chunks of time helping your child with homework.

LHJ: So you're letting us off the hook?

BEAULIEU: That's right. If your child isn't having problems in school, stay out of his homework—he needs to learn to do it on his own. Kids who depend on their parents to fix mistakes may always need someone else to help them academically. Besides, there are better ways for you to spend your time.

LHJ: Such as?

BEAULIEU: Show your child that learning is a part of everyday life. When you're cooking, show him how fractions are used in recipes. When you're shopping, reinforce math skills. Most of all, make your home a good learning environment. Have books, magazines and newspapers around. Discuss current events at dinner. These things are doable, no matter how full your schedule is.

MY BALANCED LIFE: THE NIGHT NURSE

VITAL STATS: Anne Lockwood, 36, a registered nurse from Glen Rock, New Jersey. Married with three daughters, ages 4, 5 and 7.

ON CHILD REARING: "For me, it's very important that my husband and I are the ones raising our children. I wouldn't feel right putting them in day care. I enjoy them immensely and want to be with them as much as I possibly can."

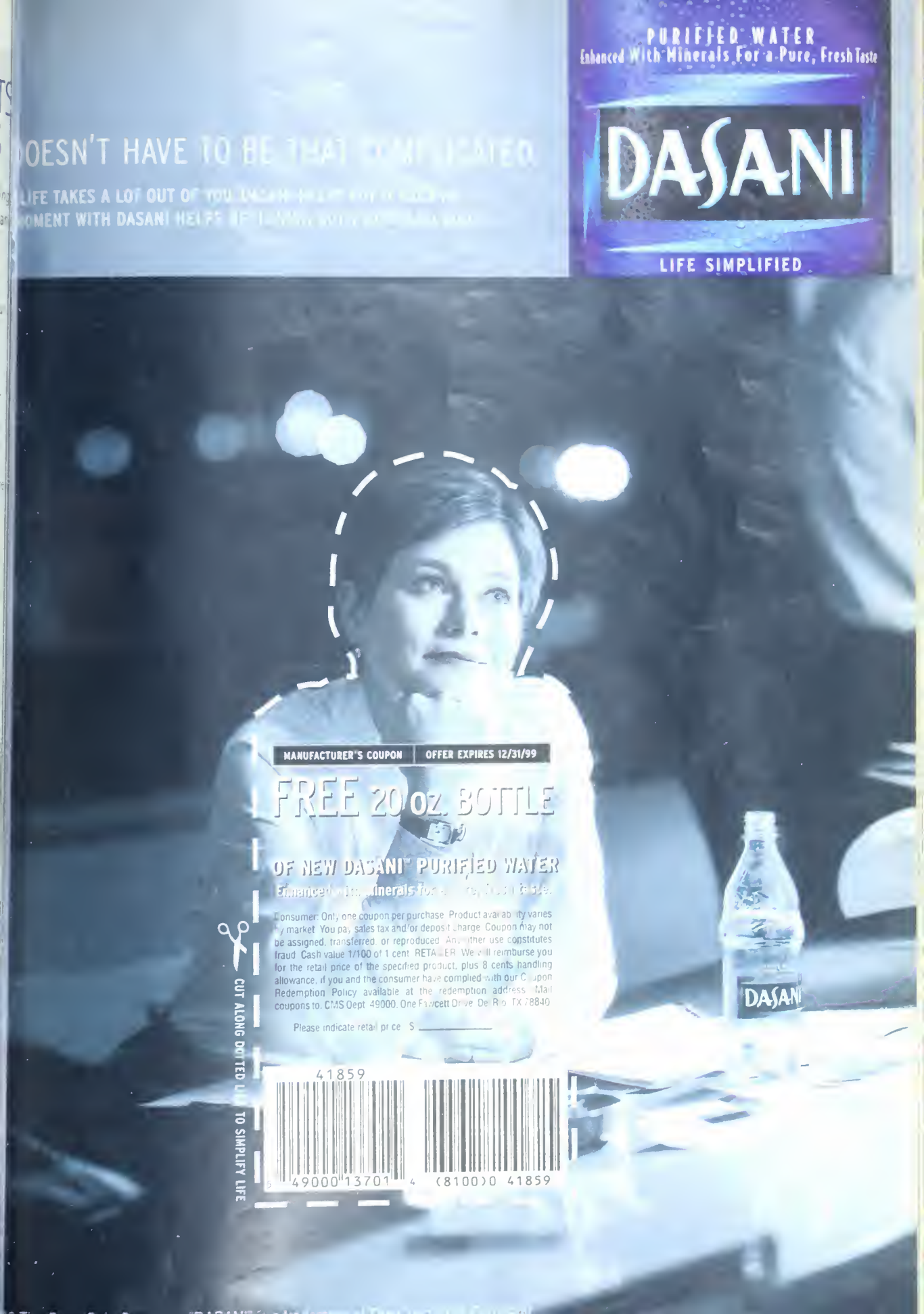
ON WORK: "I didn't want to drop out completely. In my field, you have to keep yourself updated, and I worried that if I took time off, it would be hard to get back in. I like nursing, and plan to advance in the profession someday. Besides, my income is important."

HOW SHE DOES BOTH: Anne works three overnight or evening shifts per week at Mountainside Hospital, in Montclair, New Jersey. She starts work long after the kids are in bed, and is home in time to give them breakfast.



THE DOWNSIDE: Her sleep patterns are irregular at best, and she's tired a lot.

THE UPSIDE: "I really enjoy my job, and I don't have any child-care costs. Plus, I earn extra income working nights. Someday I'll go back to a more conventional schedule, but this works really well for me now."


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These two sisters live a thousand miles apart, but share the same frightening problem—dozens of area kids are being diagnosed with cancer. Is exposure to poisonous chemicals to blame? Could the same thing happen in your town? By Andrea Rock

TOXICVILLE





Above: Meg and Joseph Kotran's daughter, Lauren, was diagnosed with cancer when she was a baby. Left: Meg's sister, Mary Kathryn Berner, now worries about the health of her daughter, Amy

In the summer of 1997, Mary Kathryn Berner, thirty-nine of Jensen Beach, Florida, was startled to read a newspaper report on a rapidly growing number of children in her county who were suffering from brain tumors and nervous-system cancers. The same thing was happening in the New Jersey town where her sister, Meg Kotran, lived. In fact, one year earlier, Meg's baby daughter, Lauren, had been diagnosed with neuroblastoma, a relatively rare type of malignancy. That cancer was now striking children in St. Lucie County. "It seemed too eerie to be true," says Mary Kathryn, an assistant vice president of a mortgage title company and mother of an eight-year-old.

She sent the newspaper clips to Meg. "My heart went out to those parents in Florida," says Meg, thirty-seven, a sixth-grade teacher and mother of four in Toms River, New Jersey. "I knew exactly what they were going through."

Between 1979 and 1996, ninety-four children have been diagnosed with cancer in Dover Township, which includes Toms River. In St. Lucie County, twenty-nine cases of brain and nervous-system cancers have been documented since 1981. Both areas are now targets of public-health studies.

Researchers hope these investigations will shed light on a disturbing national trend: Between 1973 and 1996, the incidence of the two most common childhood cancers rose significantly. Brain cancer and other nervous-system cancers increased 25 percent, and acute lymphocytic leukemia was up 22 percent.

Why are children in the U.S. getting cancer at such alarming rates? Some experts believe that toxic *(continued)*

DISCOVER DRUG-FREE RELIEF FOR OSTEOARTHRITIS KNEE PAIN.



- **Synvisc** (pronounced "sin-visk") can relieve arthritis (osteoarthritis, or OA) knee pain with just one short course of therapy!
- **Synvisc** therapy is administered into the knee in just 3 doctor visits over 15 days!
- **Synvisc** is not a drug—it is used to treat the knee and only the knee!
- **Synvisc** therapy is like lubrication for your knee and also acts as a kind of "shock absorber" that cushions the joint.
- **Synvisc** can relieve the pain of osteoarthritic knees, helping you to enjoy more comfortable mobility and to return to a more vibrant, active lifestyle!
- **Synvisc** is generally well tolerated.

In clinical studies, mild to moderate temporary knee pain or swelling occurred in 2.2% of injections with Synvisc. Side effects affecting the body as a whole were reported rarely and did not recur after the next injection of Synvisc.

Please see additional important patient information and side effects on the next page.

For more information about Synvisc®, see your doctor or call 1-800-281-9106 for a free booklet.

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SYNVISC®

HYLAN G-F 20

SYNVISC®
HYLAN G-F 20

BRIEF SUMMARY OF PRESCRIBING INFORMATION

This brief summary describes Synvisc, a prescription formulation of hylan G-F 20, for knee pain due to osteoarthritis. Please read it carefully. Only your doctor has the training necessary to weigh the benefits and risks of Synvisc therapy for you. Contact your doctor if you have any questions.

WHAT IS SYNVISC?

Synvisc is a viscous and elastic sterile mixture that is made up of hylan A fluid, hylan B gel, and salt water. The two hylans are manufactured from hyaluronan (sodium hyaluronate) that comes from chicken combs. Hyaluronan is a natural chemical found in the body and is present in a particularly high amount in joint tissues and in the fluid that fills the joint. The body's own hyaluronan acts like a lubricant and a shock absorber in the joint, and is needed for the joint to operate properly. In osteoarthritis, there may not be enough hyaluronan, and there may be a change in the quality of the hyaluronan in joint fluid and tissues. Synvisc has comparable viscous and elastic properties to synovial fluid of 18- to 27-year-old healthy human knees. Synvisc is given by a series of injections directly into your knee.

WHAT IS SYNVISC USED FOR?

Synvisc is used to relieve knee pain due to osteoarthritis. It is used for patients who do not get adequate relief from simple painkillers or from exercise and physical therapy. The most pain relief and the greatest amount of treatment success occurred 8 to 12 weeks after Synvisc treatment began.

HOW CAN I GET MORE INFORMATION ABOUT SYNVISC?

If you have any questions or would like to find out more about Synvisc you may call Wyeth Laboratories Inc., at 1-800-99-WYETH or fax (610) 964-5999.

CONTRAINDICATIONS

- Do not administer to patients with known hypersensitivity (allergy) to hyaluronan (sodium hyaluronate) preparations.
- Do not inject Synvisc in the knees of patients having knee joint infections or skin diseases or infections in the area of the injection site.

WARNINGS

- Do not concomitantly use disinfectants containing quarternary ammonium salts for skin preparation because hyaluronan can precipitate in their presence.
- Do not inject Synvisc extra-articularly, or into the synovial tissues and capsule. One such systemic adverse event occurred following extra-articular injections of Synvisc in clinical use outside the U.S.
- Intravascular injections of Synvisc may cause systemic adverse events.

PRECAUTIONS

General

- The effectiveness of a single treatment cycle of less than three injections of Synvisc has not been established.
- The safety and effectiveness of Synvisc in locations other than the knee and for conditions other than osteoarthritis have not been established.
- Do not inject anesthetics or other medications into the knee joint during Synvisc therapy. Such medications may dilute Synvisc and affect its safety and effectiveness.
- Use caution when injecting Synvisc into patients who are allergic to avian proteins, feathers, and egg products.
- The safety and effectiveness of Synvisc in severely inflamed knee joints have not been established.
- Strict aseptic administration technique must be followed.
- STERILE CONTENTS. The syringe is intended for single use. The contents of the syringe must be used immediately after its packaging is opened. Discard any unused Synvisc.
- Do not use Synvisc if package is opened or damaged. Store in original packaging (protected from light) at room temperature below 86°F (30°C). DO NOT FREEZE.
- Remove synovial fluid or effusion, if present, before injecting Synvisc.
- Synvisc should be used with caution when there is evidence of lymphatic or venous stasis in that leg.

Information for Patients

- Provide patients with a copy of the Patient Labeling prior to use.
- Transient pain and/or swelling of the injected joint may occur after intra-articular injection of Synvisc.
- As with any invasive joint procedure, it is recommended that the patient avoid any strenuous activities or prolonged weight-bearing activities such as jogging or tennis following the intra-articular injection.
- The safety and effectiveness of repeat treatment cycles of Synvisc have not been established.
- The packaging of this product contains dry natural rubber latex.

Use in Specific Populations

- **Pregnancy:** The safety and effectiveness of Synvisc have not been established in pregnant women.
- **Nursing mothers:** It is not known if Synvisc is excreted in human milk. The safety and effectiveness of Synvisc have not been established in lactating women.
- The safety and effectiveness of Synvisc have not been established in children.

ADVERSE EVENTS

A total of 511 patients (559 knees) received 1771 injections in seven clinical trials of Synvisc. There were 39 reports in 37 patients (2.2% of injections; 7.2% of patients) of knee pain and/or swelling after these injections.

Ten patients (10 knees) were treated with arthrocentesis and removal of joint effusion. Two additional patients (two knees) received treatment with intra-articular steroids. Two patients (two knees) received [illegible]. One of these patients also received arthrocentesis. One patient was treated with arthroscopy. The remaining patients with adverse events localized to the knee received no treatment or only analgesics.

Systemic adverse events each occurred in 10 (2.0%) of the Synvisc-treated patients. There was one case each of rash (hot and [illegible] itching of the skin following Synvisc injections in these studies. The symptoms did not recur when these patients received additional injections. The remaining generalized adverse events reported were cramps, hemorrhoid problems, ankle edema, muscle pain, tonsillitis, nausea, tachyarrhythmia, phlebitis with varicosities and [illegible] back.

In three concurrently controlled clinical trials with a total of 112 patients who received Synvisc and 110 patients who received either saline arthrocentesis, there were no statistically significant differences in numbers or types of adverse events between the group that received Synvisc and the group that received control treatments.

Clinical use in Canada (since 1992) and Sweden (since 15) [illegible]. The common adverse events reported have been pain, swelling and effusion in the injected knees. Other adverse events reported were one case each of: generalized urticaria; recurring small hives on one side of the body with nausea, anxiety and listlessness; [illegible] swelling of lips; nausea with dizziness; and shivering with [illegible] nausea, respiratory difficulties; and prickling in body which [illegible] after subsequent Synvisc injections. No cases of anaphylaxis [illegible] anaphylactoid reactions have been reported. No deaths have been associated with the use of Synvisc. Intra-articular infection did occur in any of the clinical trials, but have occurred in clinical use following Synvisc injections.

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TOXICVILLE

Continued

chemicals may play a role. While the chemicals in pesticides, food additives and pharmaceuticals are routinely tested, only 7 percent of the 2,800 most commonly produced chemicals used in household products have ever been tested to determine their effects on human health. (After prodding by the government, manufacturers have agreed to provide this information by 2004.)

Scientists suspect the rapidly dividing cells of fetuses and young children may be especially vulnerable to carcinogens. "We have been, in effect, conducting a vast toxicological experiment, and children are serving as laboratory subjects," says Philip Landrigan, M.D., chair of the department of community and preventive medicine at Mount Sinai School of Medicine, in New York City, and a former special adviser to the Office of Children's Health Protection of the Environmental Protection Agency (EPA).



In Dover Township/Toms River, contaminated drinking water may be to blame for the high rate of certain pediatric cancers

TAKING ACTION

Parents in Florida and New Jersey are demanding answers. In St. Lucie County, the government's public-health study was prompted by the efforts of one mother: Juliann Freitas, thirty-two, whose four-year-old son, Jimmy, died of a brain tumor [illegible] February 1997. "One doctor [illegible] mentioned that they were seeing a lot [illegible] kids with brain cancer from our [illegible] and he wondered whether heavy [illegible] posure to pesticides had something [illegible] do with it," recalls Juliann, who [illegible] started a foundation and a support group for the parents.

To draw attention to her town's plight, Juliann held a press conference that June. The tactic worked: Later that month, state health officials launched a public-health investigation. After analyzing the cases of brain and nervous-system cancers diagnosed among children in St. Lucie County from 1981 through 1997, the study concluded that the rates were about one and a half times higher than would be expected—which could be due to chance, according to Sharon Heber, M.P.H., an epidemiologist with the Florida Department of Health. "But we're proceeding with the study because about half of these cases were diagnosed in 1996 and 1997, which

that concerns us," she says.
state is also exploring the possi
hat pesticide exposure plays a role
children's illnesses. Several recent
fic studies have indicated that
use of pesticides and herbicides
es cancer risks for children (see
to Protect Your Children," page
In St. Lucie County, as in most
n Florida, the chemicals are used
year-round. In addition, families
lly have their homes sprayed
ly to control insects. Tests show
k between use of these chemicals
e cancer cases, but an epidemio
tudy has just begun.

Dover Township (Toms River, the
igation is much more advanced
only are pediatric cancers in the
Jersey town 34 percent higher than
hould be, but the federal and state
igation launched there is one of the
comprehensive environmental
-health studies ever undertaken
ll began in 1985, when a group of
ers who met at Memorial Sloan-
rting Cancer Center, in New York
—where their children were un-
ing treatment—were alarmed to
ver that they all lived in the Toms
r area. One mother, Linda Gillick,
e son, Michael, was diagnosed
neuroblastoma as a baby, started a
ort group for the stricken families.
1995, a nurse at Children's Hospital
iladelphia was worried by the num-
f pediatric cancer patients she was
g from the Toms River area. She
l the EPA. The New Jersey health
rtment was then asked to analyze
tric cancer rates for one section of
own. The results showed that from
through 1991, the number of cases
ain cancer and cancer of the central
ous system among kids under the
of five was more than seven times
er than expected in Toms River.
he families were never told of the
ts; they had to read about them in
paper seven months later. State and
nty health officials said they had no
s to do an epidemiological study
use it would cost too much and
e were too few cases of cancer.
mong those who protested against
government's inaction at a public
ting was Michael Gillick, who, at

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In addition, ZOCOR has been proven to dramatically reduce LDL ("bad") cholesterol while increasing HDL ("good") cholesterol.

Important considerations: ZOCOR is a prescription medication, so you should ask your doctor or healthcare professional if ZOCOR is right for you. ZOCOR isn't for everyone, including women who are pregnant or nursing or who may become pregnant, people who are allergic to any of its ingredients, or anyone with liver disease. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect, and should be reported to your doctor right away. Your doctor may do simple blood tests before and during treatment with ZOCOR to check for liver problems. Be sure your doctor knows about other medications you may be taking in order to avoid any possible serious drug interactions.

To get your free copy of "The Guide to Surviving High Cholesterol," call **1-888-850-LIFE.** Visit our website at **www.zocor.com**.

Please read the next page for additional information about ZOCOR.



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USES OF ZOCOR

ZOCOR is a prescription drug that is indicated as an addition to diet for many patients with high cholesterol when diet and exercise are inadequate. For patients with coronary heart disease (CHD) and high cholesterol, ZOCOR is indicated as an addition to diet to reduce the risk of death by reducing coronary death; to reduce the risk of heart attack; to reduce the risk for undergoing cardiac procedures (coronary artery bypass grafting and percutaneous transluminal coronary angioplasty); and to reduce the risk of stroke or transient ischemic attack (TIA).

WHEN ZOCOR SHOULD NOT BE USED

Some people should not take ZOCOR. Discuss this with your doctor.

ZOCOR should not be used by patients who are allergic to any of its ingredients. In addition to the active ingredient simvastatin, each tablet contains the following inactive ingredients: cellulose, lactose, magnesium stearate, iron oxides, talc, titanium dioxide, and starch. Butylated hydroxyanisole is added as a preservative.

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or repeated blood test results indicating possible liver problems. (See WARNINGS.)

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she should stop taking the drug and talk to her doctor at once.

Women who are breast-feeding should not take ZOCOR.

WARNINGS

Muscle: Tell your doctor right away if you experience any unexplained muscle pain, tenderness, or weakness at any time during treatment with ZOCOR so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR, such as the lipid-lowering drug Lopid (gemfibrozil), and other fibrates; lipid-lowering doses of niacin (nicotinic acid); Sandimmune (cyclosporine); itraconazole, ketoconazole, and other azole antifungal drugs; the antibiotics erythromycin and clarithromycin; HIV protease inhibitors; and the antidepressant nefazodone. Interruption of therapy with ZOCOR should be considered if you are going to take an azole antifungal medication, such as itraconazole, or macrolide antibiotics, such as erythromycin. Patients using ZOCOR along with any of these other drugs should be carefully monitored by their physician. The risk of muscle breakdown is greater in patients with kidney problems or diabetes.

Because there are risks in combining therapy with ZOCOR with the drugs listed above, your doctor should carefully weigh the potential benefits and risks. He or she should also carefully monitor patients for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor also may monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery and when any major acute medical or surgical condition occurs. Discuss this with your doctor, who can explain these conditions to you.

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes. Patients who had these increases usually had no symptoms. Elevated liver enzyme levels usually returned to normal levels when therapy with ZOCOR was stopped.

In the ZOCOR clinical studies, the number of patients with more than one liver enzyme level elevation greater than 3 times the normal upper limit was no different between the ZOCOR and placebo groups. Only 8 patients on ZOCOR and 5 on placebo discontinued therapy due to elevated liver enzyme levels. Patients were started on 20 mg of ZOCOR, and one third had their dose raised to 40 mg.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR and periodically thereafter (for example, semiannually) for your first year of treatment or until 1 year after your last elevation in dose. Patients titrated to the 80-mg dose should receive an additional test at 3 months. If your enzyme levels increase, your doctor should order more frequent tests. If your liver enzyme levels remain unusually high, your doctor should discontinue your medication.

Tell your doctor about any liver disease you may have had in the past and about how much alcohol you consume. ZOCOR should be used with caution in patients who consume large amounts of alcohol.

993423(2)(433C)-ZOC-CON

PRECAUTIONS

Before starting treatment with ZOCOR® (simvastatin), try to lower your cholesterol by other means such as diet, exercise, and weight loss. Ask your doctor about how best to do this. Any medical problems that can cause high cholesterol should also be treated.

Drug Interactions: Because of possible serious drug interactions, it is important to tell your doctor what other drugs you are taking, including those obtained without a prescription.

ZOCOR can interact with cyclosporine (Sandimmune), itraconazole, ketoconazole, certain antibiotics (erythromycin, clarithromycin, HIV protease inhibitors, and nefazodone. (See WARNINGS.)

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (a type of blood thinner) have experienced bleeding and/or increased blood clotting time. Patients taking these medicines should have their blood tested before starting therapy with ZOCOR and should continue to be monitored.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: In animal studies of most prescription drugs, ZOCOR was required to be tested on animals before it was approved for human use. Often these tests were designed to achieve higher drug concentrations than those achieve at recommended dosing. In some tests, the animals had damage to the nervous system. In studies of mice with high doses of ZOCOR, the likelihood of cancerous tumors increased. No evidence of mutations of or damage to genetic material was seen. In one study with ZOCOR, there was decreased fertility in male rats.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. In studies with lipid-lowering agents similar to ZOCOR, there have been rare reports of birth defects of the skeleton and digestive system. Therefore, women of childbearing age should not take ZOCOR unless it is highly unlikely that they become pregnant. If a woman does become pregnant while taking ZOCOR, she should stop taking the drug and talk to her doctor at once. The active ingredient of ZOCOR did not cause birth defects in rats at 3 times the human dose or in rabbits at 3 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because of the potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not breast-feed. (See WHEN ZOCOR SHOULD NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 20 years of age.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well; however, like all prescription drugs, ZOCOR can cause side effects, and some of them can be serious. Side effects that do occur are usually mild and short-lived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In clinical studies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In a large, long-term study, patients taking ZOCOR experienced similar side effects to those patients taking placebo (sugar pills). Some of the side effects that have been reported with ZOCOR or related drugs are listed below. This list is not complete. Be sure to ask your doctor about side effects before taking ZOCOR and to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain, nausea, anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty infiltration of the liver, and, rarely, severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness; joint pain; muscle breakdown.

Nervous System: Dizziness, headache, insomnia, tingling, memory loss, damage to nerves causing weakness and/or loss of sensation and/or abnormal sensations, anxiety, depression, tremor, loss of balance, psychic disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle weakness.

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms have been reported to occur either alone or together in groups (referred to as a syndrome) that are thought to be based on allergic-type reactions, which may rarely be fatal. These have included one or more of the following: a severe generalized reaction that may include shortness of breath, nausea, digestive symptoms, and low blood pressure and even shock; an allergic reaction with swelling of the face, lips, tongue and/or throat with difficulty swallowing or breathing; symptoms similar to lupus (a disorder in which a person's immune system may attack parts of his or her own body); severe muscle and blood vessel inflammation, bruises, various disorders of blood cells (which may result in anemia, infection, or blood clotting problems) or abnormal blood tests; inflamed joints; hives, fatigue and weakness; sensitivity to sunlight, fever, chills; flushing; difficulty breathing; and severe skin disorders that vary from rash to a serious burn-like shedding of skin and other parts of the body, including mucous membranes such as the lining of the mouth.

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities including elevated alkaline phosphatase, bilirubin, thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you would like more information, ask your doctor or pharmacist to let you read the professional labeling and then discuss it with them.

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drinking water for Toms River. In December 1977, when Union Carbide found out what Fernicola was doing, they removed the drums. However, the chemicals leached through the soil into the groundwater.

In 1974, organic chemicals were found in some of the town's private wells. One contaminant—styrene—found in one of those wells probably came from the the material dumped at the chicken farm, according to Craig Wilger, a project manager for Union Carbide. By 1987, the contamination had apparently reached the public wells, eventually prompting the water company to shut down several of them temporarily. A year later, a device was installed to remove contaminants.

But in 1996, when officials investigating the Toms River cancer cluster tested the municipal-water samples, they discovered a compound that was later tentatively identified as styrene-acrylonitrile (SAN) trimer, a by-product of Union Carbide's former plastic-manufacturing process. Some preliminary tests of the substance indicate that it is "potentially mutagenic," meaning it may damage DNA. No conclusions can be drawn about its effects on human health until testing in animals is completed. For now, Wilger says, "It would not be appropriate to speculate that the SAN trimer is the cause of the cancers in Toms River."

A SPECIAL INVESTIGATION

Today, at the headquarters of the federal Agency for Toxic Substances and Disease Registry, in Atlanta, scientists are using blueprints of the Dover Township/Toms River municipal water-distribution system to construct a computer model that will show which areas may have received tainted water. The state of New Jersey is also sampling layers of dust from homeowners' attics to determine which areas of town may have been subjected to toxic air pollutants from local industrial operations. Within the next two years, researchers should be able to tell if the neighborhoods that received the greatest contamination match the locations of the cancer cases.

Investigations of suspected cancer clusters are complex because scientists must take into account all possible sources of environmental contamination. In Dover Township/Toms River, other sources being considered include a now-closed chemical plant owned by Ciba Specialty Chemicals. In 1982, the EPA declared the site a Superfund toxic-waste site. It has since been cleaned up, and Dan Jakubowski, a spokesperson for the plant, insists the plant is no longer a problem: "In 1994, the EPA determined that since no one is drinking the contaminated groundwater, the site does not pose an immediate threat to the surrounding community or the environment," she says.

In the meantime, more than 100 families in Dover Township/Toms River—including the Kotrans—have retained attorneys to represent them. One member of the team is *(continued)*

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bottom, and I'm the on
one that's got 'em.

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THER CANCER CLUST[illegible] COUNTRY

WHILE THOUSANDS OF S[illegible]
FOLLOWING AREAS [illegible]



MARION COUNTY, OHIO

iraduates of River Valley High School and women aged sixty l older have very high rates of ukemia. For years, Marion was ome to a military depot and a bombs and ammunition plant; most of the employees were women. The high school was built on the site of those old acilities. Recently, toxic waste was discovered underground.

WOBURN, MASSACHUSETTS

Twenty-one children were diagnosed with leukemia between 1969 and 1986—a rate that was four times the national average. The families tried to prove that the illn[illegible]re linked to pollution of public wells [illegible]th t[illegible]micals by W.R. Grace, a chemical and packaging [illegible]ompany; the case was settled

CHRISTIAN COUNTY, ILLINOIS

[illegible]e 1986, seven children have developed a rare [illegible]er of the nervous system. Four of the families sued the local utility company, AmerenCIPS, charging that a 1987 cleanup at one of its [illegible]doned plants released toxic coal-tar dust and fumes. Last year, a jury found AmerenCIPS [illegible]egligent and ordered it to pay $3.2 million to the families. The utility plans to appeal. State health officials found no link between environmental factors and the cancer cases.

ROCHESTER, NEW YORK

From 1983 through 1995, seventy-nine children were diagnosed with brain and central-nervous-system cancers in Monroe County. Parents suspect the cause may be air pollution generated by local industry, particularly Eastman Kodak Company. Studies show no link between film manufacturing and cancer. Further study has been called for.

CAPE COD, MASSACHUSETTS

From 1982 through 1994, 2,638 women were diagnosed with breast cancer—a number that's at least 20 percent higher than would have been expected. An ongoing state-funded study is examining whether exposure to pesticides may play a role. —A.R.



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Jan Schlichtmann, the lawyer whose nine-year court battle to prove that industrial chemicals caused a pediatric cancer cluster in Woburn, Massachusetts, was the subject of the best-selling book and movie, *A Civil Action*.

"If the facts demonstrate that the [Dover Township/Toms River] cancer cluster is related to contamination for which corporations are responsible, we would seek a resolution that is fair to the families," says Schlichtmann, who won an $8 million settlement for the Woburn families.

"THE FEAR NEVER GOES AWAY"

Today, in Dover Township/Toms River and St. Lucie County, the mothers of children with cancer have developed an astonishing resilience. Juliann Freitas had another baby, Manuel James, last year. "Even though we don't know for sure that pesticides caused Jimmy's cancer, we got a fresh start in a new home and we use nontoxic products to limit our baby's overall chemical exposure," Juliann says.

Meg Kotran also became pregnant again shortly after Lauren completed chemotherapy treatments for the tumor that had paralyzed her legs. Megan was born over a year ago, just as her big sister, Lauren, now three, was using braces to walk properly. "The outlook for Lauren is good, though the fear never goes away," says Meg.

Yet, she says she hasn't considered moving from Toms River. "How do you escape something that could be a national problem?" she asks. "Here, with all the studies, at least we stand a better chance of knowing the enemy."

The crisis has also given Mary Kathryn Berner a new perspective. "I have a greater awareness of the environment's effect on our health," she says. "I can't help but worry about my own daughter, and I appreciate as never before how blessed we are that she's healthy. Now I know how quickly that can be taken away—no matter how careful we are as parents." ■

Andrea Rock is a contributing editor to Ladies' Home Journal.

HOW TO KEEP YOUR KIDS SAFE FROM PESTICIDES

A 1992 survey conducted by the Environmental Protection Agency found that 82 percent of U.S. households use pesticides. Now, a mounting number of scientific studies suggest they may raise our children's odds of getting cancer.

In 1997, National Cancer Institute researchers Shelia Hoar Zahm, Sc.D., and Mary H. Ward, Ph.D., reviewed dozens of reports on cancer cases, and found that children appear to be especially vulnerable to pesticides. Some research indicates that exposed to these substances had as much as nine times greater risk of getting leukemia and a six to seven times greater risk of getting brain cancer.

A recent study by scientists at Rutgers University, in Piscataway, New Jersey, found that lingering pesticide residues on toys and other surfaces in a room that has been treated is likely to cause a child between the ages of three and six to ingest a daily dose of pesticides that is sixty times higher than the dose the EPA considers safe. For younger children who put toys in their mouths, the dose can be as much as 211 times higher. And a November 1997 report showed that children who developed brain tumors were twice as likely to have had prenatal exposure to flea-and-tick foggers and sprays.

To limit use of pesticides, Marion Moses, M.D., director of the Pesticide Education Center, a nonprofit group in San Francisco, offers the following nontoxic alternatives:

- Use insect traps rather than insecticide sprays, bombs or foggers.
- Choose organic fertilizers and nontoxic weed killers rather than the popular synthetic chemical sprays. Boiling water and vinegar will kill weeds in sidewalk cracks, and a nontoxic herbicide made from corn gluten is now available for general lawn use.
- Use a nontoxic shampoo if your children get head lice. One brand, Nix to Lice, is highly effective, says Moses. The shampoo is sold at some major drugstores.
- Use a nontoxic flea-control product such as Not Nice to Fleas, on your pet.

For more information, call the Pesticide Education Center at 800-732-3733.



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High on HUGH GRANT

LHJ talks to England's most adorable star about surviving scandal, smooching Julia Roberts and living with love handles

Q The entire budget for 1994's Four Weddings and a Funeral, which made you famous, was less than what you currently earn per picture—reportedly between $10 million and $15 million. How has your life changed in the last five years?

A It's unrecognizable. The upside is I'm a bit richer, and I can do more of what I want creatively. The downside is hard work and stress, which are not things I've relished in my life.

Q Surely it's easier than being poor?

A It's much harder. My life used to be four months on the sofa watching cricket and one month working, and then back to the sofa. Now you might as well take the sofa out of the house.

Q What's the most fun thing about having more money?

A I buy a lot of things for my girlfriend Elizabeth [Hurley], of course, because she's extremely materialistic. Quite a lot of things I give her go right back to the shop and get exchanged for what she really wants.

Q We haven't seen you on-screen for several years, and suddenly this summer you star in Notting Hill, with Julia Roberts, and the gangster comedy Mickey Blue Eyes. Was the deluge planned?



"I feel no more pressure to get married than any other man of thirty-nine who's been going out with the same girl for twelve years"

A Unless a project really makes me laugh, I just can't be bothered to make it. I was also weary of being on the celebrity carousel, and wanted to get off that a bit.

Q What was it like working with Julia Roberts?

A We had a silly time together. She likes to mess around on the set. I'd met her many years ago when she was going to do *Shakespeare in Love*, and I was one of many unemployed actors paraded in front of her to be Shakespeare. I was rejected, but even during the rejection, we got on quite well. I was ill—I thought I had a parasite—and I bravely acted on, but it didn't do me any good. Then, a few years later after *Four Weddings*, I was standing around at Pinewood Studios and suddenly this huge, shiny Range Rover screeched to a halt and Julia Roberts came and gave me a big hug. She remembered me and my parasite and I was quite glad I'd had some success.

Q How does Julia rate as an on-screen kisser?

A Very good. Excellent. Top drawer.

Q In Notting Hill, you make fun of the media and the price of fame. You're no stranger to scandal yourself after being arrested in the company of prostitute Divine Brown in California four years ago. Did you learn anything from it that still serves you?

A Not really. I think I learned how *not* to handle the British press. Attacking them with my mother's umbrella was not the cool thing to do. I thought the whole thing was so absurd, anyway.

Q When you were researching your role in Mickey Blue Eyes, in which your character becomes embroiled in the mafia, you met with some members of the mob. Did you learn anything you can apply to your own life?

A No, but I learned interesting things from [co-star] James Caan, like how to blow *(continued*

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Q&A

Continued

my nose without using a handkerchief. It's a Brooklyn technique. I'm pretty good now. It very rarely happens on British film sets—you almost never see Emma Thompson do it.

Q You and Elizabeth co-produced Mickey Blue Eyes. How did your producing styles differ?

A She is way more aggressive, and she's actually quite good at firing people. I'm the one who cowers in the corner and says, "Fire him."

Q Does being half of such a glamorous couple require a lot of maintenance on your behalf?

A We went to this big party last night, and I caught myself in the mirror before I went out, thinking, My God, do something with yourself. Elizabeth looked fantastic, and I looked like some old dandruffy, hunchbacked drunk. But I'm never photographed with her; I'm always cut out. She's all over the paper today with Prince Charles, and you can only see my shoe and my watch.

Q Is she more famous than you are in Britain?

A She sells a lot more newspapers than I do, because she has breasts and thighs. I have them, too, but they don't publish them.

Q Do you feel any pressure to get married and have children?

A I feel no more pressure than any other man of thirty-nine who's been going out with a girl for twelve years. But as for what will happen, I just don't know.

Q Which one of you is the boss at home?

A I like to think that I wear the trousers when it comes to the really important things, but I surrender them to her for the less important things. I don't particularly care what restaurant we go to, but I will suddenly put my foot down about the more creative aspects of filmmaking. I get petulant and unpleasant.

Q Is there anything you do that makes her nuts?

A She can't bear [the way] I hum, beginning with an "N," as in "nah nah nah nah nah," when everyone else says, "lah lah lah la

Q Is there anything you ca do consistently makes Elizabeth

A Not guaranteed. Ther are imitations she's fond o Sh particularly likes my Cornis id think she's half in love with

Q Does having a reputation for funny on-screen increas the pressure for you to be funny o scr

A I set myself up for thau a early age, trying to be in real life. It's much more than being funny on-screen.

Q Do you ever wake up and av not going to be funny tod

A I frequently go for wee without cracking a smil

Q You're embraced by audie es playing charming British men people have been less than imp s with your more serious turns, infi Bitter Moon and The Englishma Went Up a Hill But Came Down Mountain. Is that frustrating fo

A The greatest achievemen entertain people. I could deeply tragic film tomorrow if to, but I can't face it. I'm too

Q You're about to start filmin new Woody Allen movie. H famous for only allowing actors their own parts, and not the ent Is this making you nervous?

A I just have the nineteen p managed to torture the c assistant the other day into telli part of the story, but I'm nerv already. My nervousness has g worse over the years. There's pressure. I find that the older I less inclined I am to put myself danger. I climb far fewer trees th

Q What is your biggest insecurity?

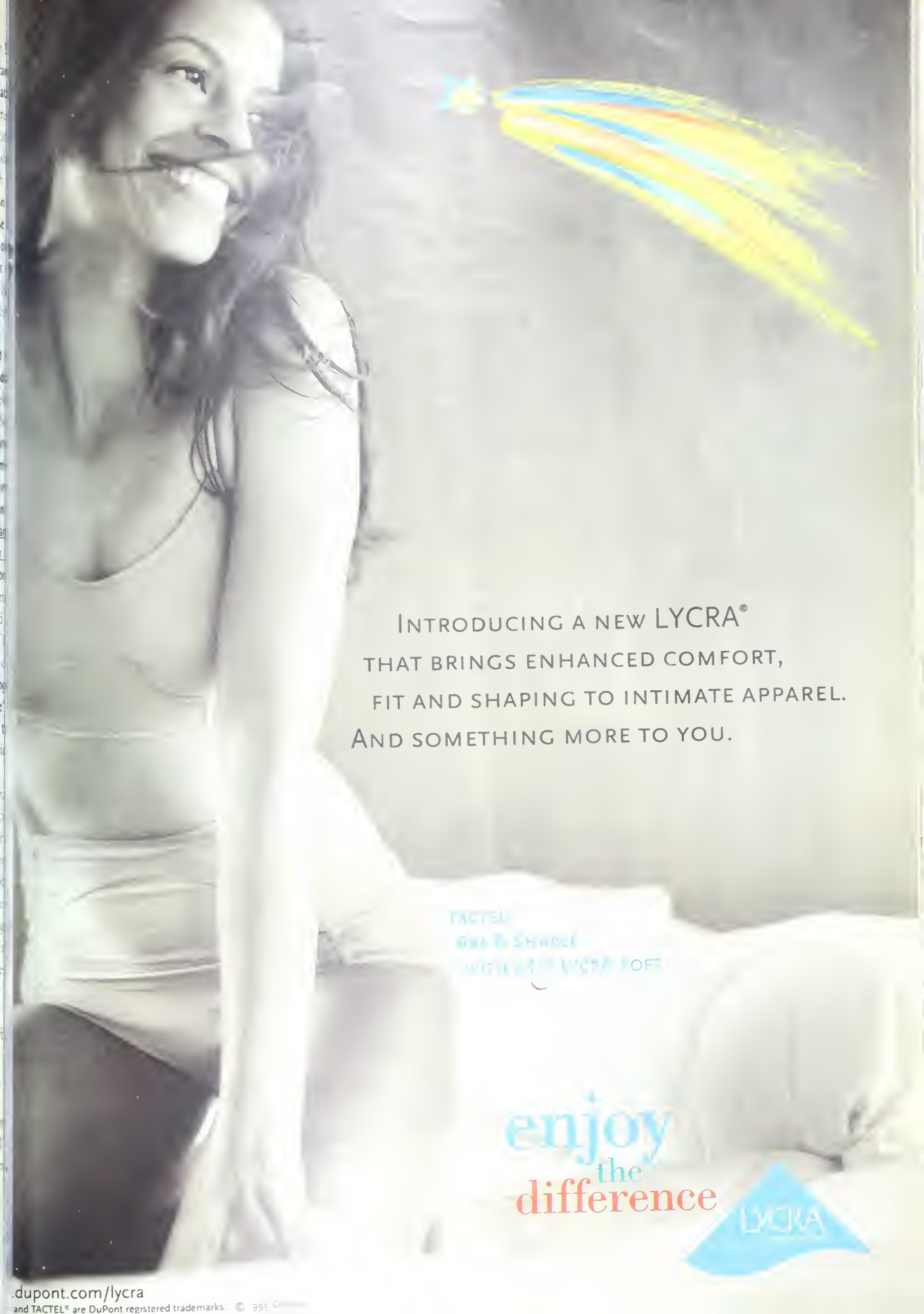
A The love handle on the le of my body.

Q There's not one on the right side?

A Interestingly enough, no, never quite understood it. kind of S-shaped. My tailor has seen anything like it.

Q What are you most confiden about?

A My right side. It's rather dishy. ■



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What She Did For LOVE

To save her husband's life, this woman had to risk her own

By Lisa Collier Cool



The newlyweds had no idea what lay ahead



BRUCE AND KRISTINA have been through a lifetime of heartache and joy since their 1994 wedding—including the miracle of being the first husband-and-wife liver transplant ever

Bruce and Kristina Wenger shared the classic newlyweds' dreams: to buy a house, have a family and grow old together. But in April 1995, nine months after their wedding, it seemed those things might never happen. Twenty-seven-year-old Bruce was lying in a hospital bed in an anesthesia induced slumber after an endoscopic probe. A doctor was telling Kristina and the couple's families the devastating news: Bruce had a very rare liver disease, one that recently killed a twenty-four-year-old patient. "How could this happen?" Kristina asked over and over, sobbing. "I was scared, really scared."

Kristina, a captain in the Marine Corps Reserve, was twenty three at the time. She decided to spend the night in the hospital with Bruce, so that when he finally woke up, she would be by his side. The diagnosis shocked him. "I kept thinking, 'This can't be right,'" he says. "I didn't feel sick at all. I thought, 'Why me? What did I do to deserve this?'"

Indeed, Bruce, an estimator for a home builder, seemed in perfect health. The six-foot tall boyish blond didn't smoke or drink, weighed a trim 172 pounds, and kept fit by biking, inline skating and jogging with Kristina near their home in Mechanicsville, Virginia.

Just three months earlier, Bruce had received notice that he'd been turned down for life insurance because his blood test showed abnormally high levels of liver enzymes, a sign of liver damage or disease. He'd undergone test after test and a biopsy, until he was finally diagnosed with primary sclerosing cholangitis, the same potentially fatal disease that put former football star Walter Payton on the liver-transplant waiting list last winter. The illness is rare, affecting only one in ten thousand Americans—70 percent of them male. Although the cause is unknown, experts suspect that the body's immune system or an as-yet-undiscovered infection attacks the liver's bile ducts, the tubes that drain bile, a digestive fluid. As the tubes become more constricted, bile backs up in the liver, gradually destroying it. The result: life-threatening liver failure or, in some cases, liver cancer.

The doctor told the couple that the only cure was a liver transplant, but it could be one year—or thirty—before Bruce would be sick enough to need one. There was, however, one treatment they could try: a drug called Actigall, which thins liver bile so it flows more easily through obstructed ducts, *(continued)*



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IF TRYING TO GET ODORS OUT OF FABRICS IS A PET PRO

WHAT SHE DID FOR LOVE

Continued

reducing damage to the organ.

Bruce and Kristina learned that most people with the disease develop symptoms in their fifties and sixties. "I figured I was lucky the doctors caught it early," recalls Bruce. "I was taking medication, and my blood tests showed that my liver enzyme levels had dropped. My checkups were becoming less frequent, so I thought I wouldn't be sick for a while."

Bruce continued to feel well over the next two years, so he and Kristina decided to go ahead with their plans for a baby. "We never would have done it if we thought I wouldn't live to see my child grow up," says Bruce. "I was still assuming that I might be sixty before anything serious happened, and then I'd get the transplant."

On Valentine's Day 1997, Bruce and Kristina, then six months pregnant, were at a friend's wedding rehearsal dinner. Glancing over at her husband, Kristina suddenly noticed that the whites of his eyes had turned yellow, a sign of liver trouble. The next day, Bruce was hospitalized with a 102-degree fever from a bile-duct infection. Scarier still were the results of a computed tomography scan, which showed he had a mass on his liver.

For the first time, Bruce was afraid. He wouldn't qualify for a transplant if he had liver cancer, which is usually fatal within a year. Fortunately, a biopsy showed that the mass was benign. No sooner had the young father-to-be breathed a sigh of relief when he got more ominous news: Blood tests indicated he had sky-high levels of CA-125, a possible sign of cancer elsewhere in his body. "It was my worst fear," recalls Bruce. "Kristina was pregnant, and I didn't want to put her through this."

"I was very nervous," says Kristina. "It was hard to live day by day, not knowing what would happen." During Bruce's weeklong hospital stay, all Kristina could do was sit by his bedside and pray for his recovery as she felt their baby kick. Finally, Bruce's infection cleared up, and he a enough to leave the hospital.

The crisis convinced Bruce's l that it was time to find out whet would qualify for a transplant weeks of tests at Virginia Com wealth University's Medical C of Virginia, in Richmond, Bru declared cancer-free but no enough for a transplant, accord Amadeo Marcos, M.D., direc the hospital's living-donor transplant program. Kristina, wh just days from her due date, co believe it. "I was angry," she s thought, 'Don't they see how s is?' I'd watched him deteriorat had lost twenty pounds in jus months, and he was so yellow." wasn't too sick, however, to sta Kristina through her sixteen ho labor—and cesarean section— rejoice with her when their Bruce, Jr., was born on Ma 1997, in excellent health.

Little Bruce was three month and starting to smile when the W



grim phone call from the hospi- Bruce's latest blood test showed his liver enzyme levels were so that he finally qualified for a new Doctors told the couple that the could be days, or even a year. a liver became available. By Jan- , Bruce and Kristina had packed r bags for the hospital and put by the front door. "We were y to go and get this over with," Bruce.

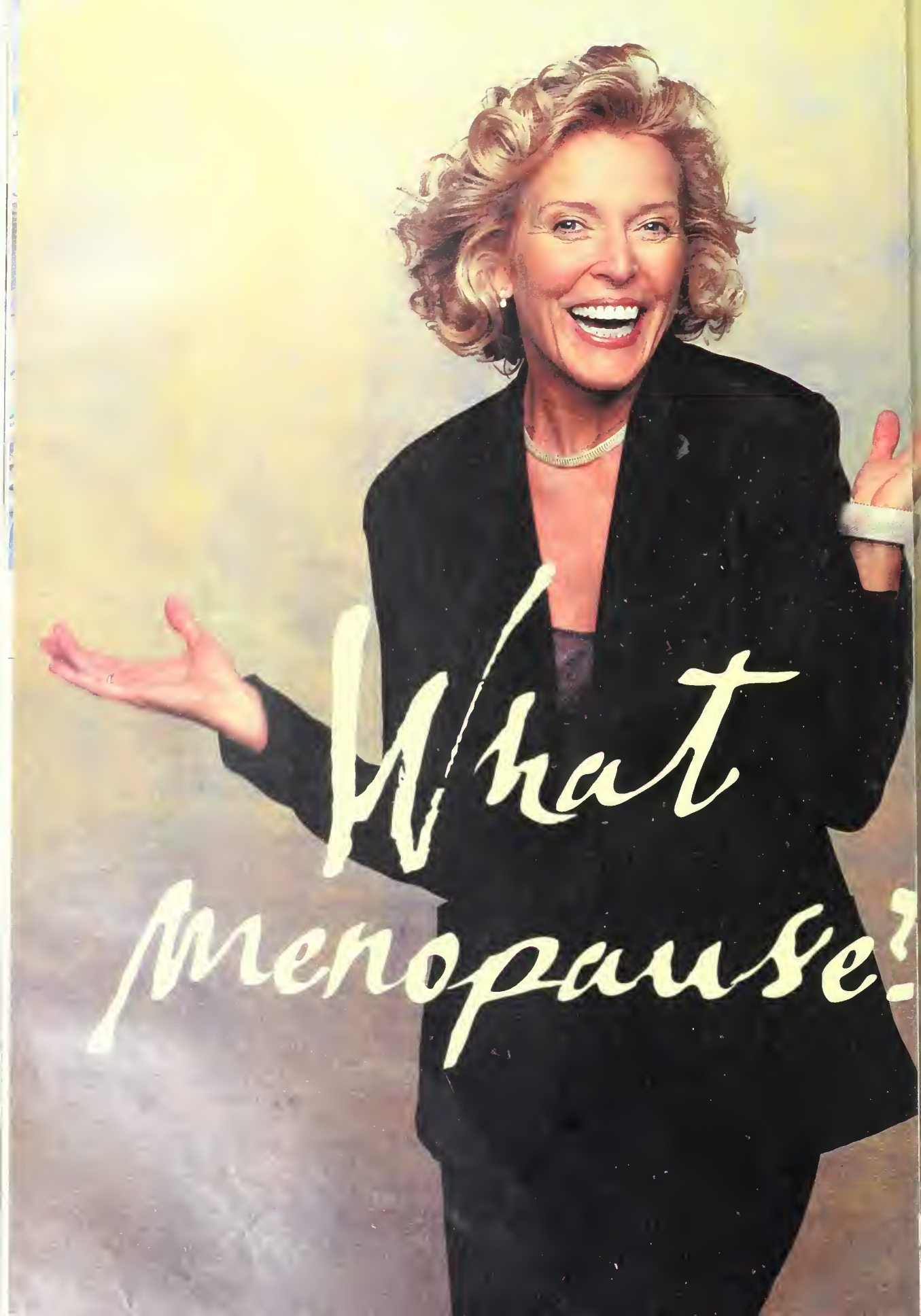
While the Wengers waited, a twenty- e-year-old friend at the transplant ter died before a liver became lable. There's a severe shortage of s in the U.S. because so few peo- sign up to donate their organs after h, says Marcos. "For every Bruce nger, there are twenty people who even sicker." In any given year, 8 percent of those waiting for an an transplant will die.

ike many on the transplant list, ce didn't have time to wait. Be- en February 1997 and February 8, he was hospitalized three times with bile-duct infections. Bruce became so ill that he slept as many as twenty hours a day, and his weight dwindled to 142 pounds. He was too weak to work, do household chores or even hold his son for long stretches. "The worst was not being able to hold the baby," says Bruce. "He didn't understand why I couldn't pick him up."

Still, their son was the one happy note in the Wengers' lives. "No matter how terrible I felt, it would always cheer me up when little Bruce woke up from a nap and said, 'Dada,'" recalls Bruce. When he was hospitalized, Kristina had a photo of the baby enlarged to poster size, and put it up in Bruce's room. "The baby's smiling face was the light in our lives," says Kristina. "You could look at him and see the future."

By June 1998, when Bruce was hospitalized yet again with a bile-duct infection, 90 percent of his liver had been destroyed. Bruce continued to put up a brave front, but he admits he had many dark moments. "I knew that if I didn't have the transplant, I wouldn't be around for much longer. I worried that I'd be leaving Kristina and little Bruce with nothing because I couldn't get life insurance. I kept hoping it wasn't my time to go yet, but I was frightened for all of us." Kristina also was terrified. "At night I'd worry that Bruce might die while I was sleeping. Sometimes he'd be asleep and I'd be lying next to him with tears running down my face. I'd shake him awake to see if he was okay."

Then, during a checkup, they were finally offered some hope. Marcos told them that the hospital had just started performing living transplants between adult family members. Kristina asked if she could be the donor, unaware that this type of transplant had never been done between husband and wife—or with any unrelated adult living donor. "It was a unique and risky procedure because Kristina would initially be left with less liver than she gave," Marcos says. "The liver isn't symmetrical; it has a smaller *(continued on page 133)*


What
menopause?

NOW THERE'S COMBIPATCH.

The first and only combination hormone patch.

Don't let menopause disrupt your life. Go back to being the woman you used to be—with days uninterrupted by hot flashes and nights unspoiled by night sweats or vaginal dryness.

Rediscover the life you used to live with CombiPatch

CombiPatch is the small, ultrathin combination hormone patch that relieves those menopausal symptoms. Its advanced adhesive keeps the patch in place so you only change it twice a week. Bathe, shower—even exercise in the pool—without giving it a second thought.

actual size

CombiPatch helps give you back the comfort and confidence menopause took away.

CombiPatch is indicated for menopausal women with an intact uterus. Some patients may experience side effects. Most are usually temporary and disappear over time. They include breast pain, menstrual cramps, skin irritation around the patch site, and irregular bleeding or spotting.

You should not use hormone replacement therapy if you are pregnant because of possible risk to the fetus. When you speak with your healthcare provider, be sure to discuss your personal or family history of breast cancer, breast lumps, abnormal vaginal bleeding, abnormal blood clotting, severe headache, or dizziness. While on hormone replacement therapy, should you experience any abnormal symptoms, such as leg or chest pain or vision changes, please contact your healthcare provider immediately as these symptoms may indicate serious life-threatening illnesses such as heart attack or blood clots.

So, talk with your doctor about new CombiPatch. It's easy to use and so comfortable that you'll say, "What menopause?" For more information, call **877-Combi-4-U (877-266-2448), ext. 178,** *or visit our Web site at www.combipatch.com.*

CombiPatch



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Please see additional important information on adjacent page.

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MHT980383 1/99

CombiPatch™

estradiol/norethindrone acetate transdermal system

BRIEF SUMMARY

INDICATIONS AND USAGE

[redacted] CombiPatch™ estradiol/NETA transdermal system is indicated [redacted]

[redacted] symptoms associated with menopause

[redacted] prevention

[redacted] hypogonadism, castration or primary ovarian failure

CONTRAINDICATIONS

[redacted] be used in women under any of the following conditions:

- [redacted] during use or with a diagnosis or [redacted] for pregnancy
- [redacted] when administered to a pregnant woman
- [redacted] breast cancer
- [redacted] except for palliative use
- [redacted] genital bleeding
- [redacted] thrombotic disorders or stroke
- [redacted] hypersensitivity to estrogen, progestogen, or any component of CombiPatch, estradiol, norethindrone acetate, or adhesive

WARNINGS

ALL WARNINGS BELOW PERTAIN TO THE USE OF THIS COMBINATION PRODUCT

Induction of Malignant Neoplasms

[redacted] reported endometrial cancer risk among [redacted] of unopposed estrogen [redacted] greater than in nonusers, and appears dependent on duration of treatment [redacted] longer use. Most studies show no significant increased risk associated with the [redacted] less than one year. The greatest risk appears to be associated with prolonged [redacted] risk of 15 to 24 fold for five years or more. In three studies, persistence [redacted] 8 to over 5 years after cessation of estrogen treatment. In one study [redacted] the incidence of endometrial cancer occurred six months after estrogen [redacted] demonstrated a reduced risk of endometrial cancer of the hysterectomy [redacted] estrogen treatment level, when a progestin was administered in combination [redacted] estrogen replacement therapy.

[redacted] has demonstrated that when progestin was administered with estrogen as in the CombiPatch™ [redacted] versus estrogen therapy alone there is a markedly reduced incidence of endometrial hyperplasia [redacted] versus 20% respectively), a possible precursor of endometrial cancer.

Breast Cancer: Some studies have reported a moderately increased risk of breast cancer (relative risk 1.3) [redacted] women on estrogen replacement therapy taking high doses, or in those taking low doses for prolonged periods of time, especially for 10 years. The majority of studies, however, have not shown an association between breast cancer and women who have ever used estrogen replacement therapy. There is no conclusive evidence that concurrent progestin use [redacted] the risk of breast cancer in long-term users of estrogen. See **PRECAUTIONS**.

Malignant Potential: Estrogen therapy during pregnancy is associated [redacted] increased risk of fetal congenital reproductive tract disorders and possibly other birth defects. Studies of women who received DES during pregnancy have shown that female offspring have an increased risk of vaginal adenosis, squamous cell dysplasia of the uterine cervix and [redacted] vaginal and later in life male offspring have a increased risk of urogenital abnormalities and possibly testicular cancer later in life. Although some of these changes are benign, [redacted]

Cardiovascular Disease: Large doses of estrogen (5 mg conjugated estrogens per day) [redacted] used to treat cancer of the prostate and breast, have been shown in a large [redacted] trial in men to increase the risk of nonfatal myocardial infarction, pulmonary [redacted] and thrombophlebitis. These risks cannot necessarily be extrapolated from men to women [redacted] from unopposed estrogen to combination estrogen/progestin therapy. However, to avoid the [redacted] cardiovascular risk associated with high estrogen doses, the dose for estrogen [redacted] therapy should not exceed the lowest effective dose.

Hypercalcemia: Administration of estrogens may lead to severe hypercalcemia in patients [redacted] breast cancer and bone metastases. If this occurs, CombiPatch™ should be discontinued [redacted] and appropriate measures should be taken to reduce the serum calcium level.

Thromboembolic Disorders: The physician should be alerted to the earliest manifestations of [redacted] disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism, [redacted] retinal thrombosis). Should any of these occur or be suspected, CombiPatch™ should be [redacted] discontinued immediately.

Visual Abnormalities: If there is sudden partial or complete loss of vision or a sudden onset [redacted] papilledema or migraine, CombiPatch™ should be discontinued. If examination reveals [redacted] retinal vascular lesions, CombiPatch™ should be discontinued.

PRECAUTIONS

General: Based on experience with estrogens and progestins:

Cancer: Progestins taken with estrogen drugs significantly reduce, but do not [redacted] the risk of endometrial cancer that is associated with the use of estrogen. Close clinical [redacted] of women taking estrogens is important. Adequate diagnostic measures, [redacted] endometrial sampling when appropriate, should be undertaken to rule out malignancy [redacted] unexplained persistent or recurring abnormal vaginal bleeding. There is no [redacted] to prevent that natural estrogens are more or less hazardous than synthetic [redacted] of equivalent estrogenic doses.

Women Who Have Undergone Hysterectomy: Existing data do not support the use of [redacted] estrogen-progestin postmenopausal women without a uterus. (See [redacted]

Prospective Risks: There are possible risks that may be associated with the co-administration [redacted] estrogen-based hormone replacement therapy. These risks, which include [redacted] carbohydrate metabolism and impairment of glucose tolerance, have not [redacted] Patient Information.

Hepatic Function: In hepatic activity, if breast epithelial tissue has also been reported [redacted] therapy. While the effects of added progestins on the risk of breast cancer are [redacted] epidemiological evidence suggests that progestins do not reduce and may [redacted] breast cancer incidence that has been reported with [redacted] therapy. See **WARNINGS**.

[redacted] medical and family history should be taken before initiation of any [redacted] therapy. Thereafter, the physical examinations should include special [redacted] breast, abdomen and pelvic organs as well as a cervical [redacted] should not be prescribed for longer than 1 year without [redacted] performed.

Cardiovascular Effects: [redacted] between estrogen replacement therapy and the [redacted] postmenopausal women has not been proven. [redacted] is not yet known. [redacted] suggested that there may be a cause-effect relationship [redacted] the use without added progestins and a [redacted] All of many of the observational studies which [redacted] coronary heart disease [redacted] be considered when [redacted]

- [redacted] also statistically [redacted] their apparently [redacted] estrogen [redacted] characteristics [redacted] estrogen therapy [redacted] generally [redacted] more slender, [redacted] physically active, more likely [redacted] and less likely to [redacted] diabetes than the untreated women. Although [redacted] these [redacted] factors, it is common for properly designed [redacted] to fail to confirm benefits [redacted] was found in study designs [redacted] randomized trials [redacted] from this apparent benefit.

[redacted] includes the use of [redacted] progestin therapy, women with [redacted] intact uteri. (See **PRECAUTIONS** and **WARNINGS**.) While the effects of added progestins on the risk of ischemic heart disease are not known, all available progestins reverse the favorable effects of estrogens on HDL levels as observed with CombiPatch™, although the norethindrone acetate in CombiPatch™ maintained the favorable effects of estrogens on LDL levels. (See **CLINICAL STUDIES**.)

Gallbladder Disease: There is a reported 2- to 4-fold increase in the risk of surgically confirmed gallbladder disease in postmenopausal women receiving oral estrogens. Similar increases in gallbladder disease have not been reported with transdermal estradiol. Transdermal estrogen therapy does not increase biliary cholesterol saturation index, therefore the risk may be diminished.

Elevated Blood Pressure: Occasional reversible blood pressure increases during oral estrogen replacement therapy have been attributed to idiosyncratic reactions to estrogens. More often, however, blood pressure has remained the same or has decreased.

Theoretically, in estrogen and progestin therapy, blood pressure elevations could be the result of increased renin substrate or angiotensin II levels although these increases have not been reported in transdermal therapy.

Studies with CombiPatch™ estradiol/norethindrone acetate transdermal system showed no clinically significant changes in blood pressure among patients taking CombiPatch™. Nonetheless, blood pressure should be monitored at regular intervals with estrogen use.

Fluid Retention: Because estrogens and/or progestins may cause some degree of fluid retention, careful observation is required when conditions that might be influenced by this factor are present (e.g. asthma, epilepsy, migraine, and cardiac or renal dysfunction).

Uterine Bleeding and Mastodynia: Certain patients may develop undesirable manifestations of estrogenic stimulation such as abnormal uterine bleeding or mastodynia. In cases of undiagnosed abnormal bleeding, transvaginal ultrasonography or endometrial tissue sampling is generally appropriate, but evaluation should be based on the individual patient. (See **WARNINGS**.)

Collection of Pathological Specimens: The pathologist should be advised of estrogen/progestin therapy when relevant specimens are submitted.

Based on experience with estrogens or progestins:

Hypercoagulability: Recent retrospective case-controlled studies have reported an increased risk of venous thromboembolism (VTE) among current users of estrogen replacement therapy versus nonusers. This risk appears dose-duration dependent and is less pronounced than that associated with oral contraceptives. Although these studies found that estrogen use was associated with an increase in the relative risk of VTE, the absolute risk was low because of the infrequency of this event. Because of the occasional occurrence of thrombotic disorders (thrombophlebitis, pulmonary embolism, retinal thrombosis, cerebrovascular disorders) and because there is insufficient information on hypercoagulability in women who have had previous thromboembolic disease, the benefit-risk of prescribing hormone replacement therapy should be reviewed individually for women with a past history of deep vein thrombosis or a family history of idiopathic thrombosis. The physician should be alert to the earliest manifestations of these disorders.

Familial Hypertriglyceridemia: Oral estrogen therapy may be associated with elevations of plasma triglycerides leading to pancreatitis and other complications in patients with familial defects of lipoprotein metabolism. Data from experience with CombiPatch™ and other transdermal estradiols regarding lipoproteins consistently show a reduction in triglycerides in postmenopausal women. Nonetheless, patients with familial hypertriglyceridemia should be monitored closely when on estrogen therapy.

Lipoprotein Metabolism: See **CLINICAL STUDIES**.

Information for Patients: See Patient Package Insert included with this product.

Impaired Liver Function: Estrogens may be poorly metabolized in patients with impaired liver function. Although transdermally administered estrogen therapy avoids first-pass hepatic metabolism, estrogens should still be administered with caution in such patients.

Laboratory Tests: Estrogen administration should generally be guided by clinical response at the smallest dose, rather than laboratory monitoring, for relief of symptoms for those indications in which symptoms are observable.

Drug/Laboratory Test Interactions: The following laboratory tests may be altered by the use of estrogens or estrogen-progestin combination drugs (such as CombiPatch™):

- Prothrombin time, activated partial thromboplastin time, and platelet aggregation time; increased platelet count; increased factors II, VII antigen, VIII antigen, VIII coagulation activity, IX, X, XII, VII-X complex, II-VII-X complex and beta-thromboglobulin; decreased levels of anti-Factor Xa and antithrombin III; decreased antithrombin III activity; increased levels of fibrinogen activity; increased plasminogen antigen and activity.
- Increased thyroid-binding globulin (TBG) leading to increased circulating total thyroid hormone as measured by protein-bound iodine (PBI), T4 levels (by column or by radioimmunoassay) or T3 levels (by radioimmunoassay). T3 resin uptake is decreased, reflecting elevated TBG. Free T4 and free T3 concentrations are unaltered.
- Other binding proteins may be altered in serum, i.e. increased corticosteroid binding globulin (CBG), leading to increased circulating corticosteroids, decreased SHBG. Free or biologically active hormone concentrations are unchanged. Other plasma proteins may be increased (angiotensinogen/renin substrate, alpha-1-antitrypsin, ceruloplasmin).
- Decreased serum total cholesterol, HDL-C and HDL-C subfraction, LDL-C and triglycerides concentrations.
- Reduced response to metyrapone test.
- Reduced serum folate concentration.
- Increased sulfobromophthalein retention.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver. Long-term continuous administration of natural and synthetic progestins increases the frequency of benign liver tumors in male mice, but not in male or female rats. (See **CONTRAINDICATIONS** and **WARNINGS**.)

Norethindrone acetate was not mutagenic in a battery of *in vitro* or *in vivo* genetic toxicity assays.

Pregnancy Category X: Estrogens should not be used during pregnancy. Estrogen therapy during pregnancy is associated with an increased risk of congenital defects in the reproductive organs of the fetus and possibly other birth defects. Studies of women who received diethylstilbestrol (DES) during pregnancy have shown that the female offspring have an increased risk of vaginal adenosis, squamous cell dysplasia of the uterine cervix and clear cell vaginal cancer later in life; male offspring have an increased risk of urogenital abnormalities and possibly testicular cancer later in life. Although some of these changes are benign, others are precursors of malignancy. The 1985 DES Task Force concluded that use of DES during pregnancy is associated with subsequent increased risk of breast cancer in the mother, although a causal relationship remains unproven, and the observed level of excess risk is similar to that for a number of other breast cancer risk factors.

Several reports also suggest an association between intrauterine exposure to progestational drugs in the first trimester of pregnancy and genital abnormalities in male and female fetuses. The risk of hypospadias, 5 to 8 per 1000 male births in the general population, may be approximately doubled with exposure to these drugs. There are insufficient data to quantify the risk to exposed female fetuses; some of these drugs induce mild virilization of the external genitalia of the female fetus.

Nursing Mothers: Detectable amounts of estradiol and norethindrone have been identified in the milk of mothers receiving these products and has been reported to decrease the quantity and quality of the milk. As a general principle the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk.

ADVERSE REACTIONS

See **WARNINGS**, and **PRECAUTIONS** regarding potential adverse effects on the fetus; induction of malignant neoplasms; cardiovascular disease; hypercalcemia; visual abnormalities; and adverse effects similar to those of oral contraceptives, including thromboembolism.

Table III. All Treatment Emergent Study Events Regardless of Relationship Reported at a Frequency of ≥ 5% with CombiPatch™
VASOMOTOR SYMPTOM STUDIES

	CombiPatch™ 0.05/0.14 mg per day n = 113	CombiPatch™ 0.05/0.25 mg per day n = 112	Placebo n = 107
Body as a Whole	46%	48%	41%
Abdominal pain	7%	6%	4%
Accidental injury	4%	5%	8%
Asthenia	8%	12%	4%
Back pain	11%	9%	5%
Flu syndrome	9%	5%	7%
Headache	18%	20%	20%
Body as a Whole (cont'd)			
Pain	6%	4%	
Digestive	19%	23%	
Diarrhea	4%	5%	
Dyspepsia	1%	5%	
Flatulence	4%	5%	
Nausea	11%	8%	
Nervous	16%	28%	
Depression	3%	5%	
Insomnia	3%	6%	
Nervousness	3%	5%	
Respiratory	24%	38%	
Pharyngitis	4%	10%	
Respiratory disorder	7%	12%	
Rhinitis	7%	13%	
Sinusitis	4%	9%	
Skin and Appendages	8%	17%	
Application site reaction	2%	6%	
Urogenital	54%	63%	
Breast pain	25%	31%	
Dysmenorrhea	20%	21%	
Leukorrhea	5%	5%	
Menstrual Disorder	6%	12%	
Papanicolaou Smear Suspicious	8%	4%	
Vaginitis	6%	13%	

Represents milligrams of estradiol/NETA delivered daily by each system

Table IV. All Treatment Emergent Study Events Regardless of Relationship Reported at a Frequency of ≥ 5% with CombiPatch™
ENDOMETRIAL HYPERPLASIA STUDIES

	CombiPatch™ 0.05/0.14 mg per day n = 325	CombiPatch™ 0.05/0.25 mg per day n = 312
Body as a Whole	61%	60%
Abdominal pain	12%	14%
Accidental injury	10%	11%
Asthenia	10%	13%
Back pain	15%	14%
Flu syndrome	14%	10%
Headache	25%	17%
Infection	5%	3%
Pain	19%	15%
Digestive	42%	32%
Constipation	2%	5%
Diarrhea	14%	9%
Dyspepsia	8%	6%
Flatulence	7%	5%
Nausea	8%	12%
Tooth Disorder	6%	4%
Metabolic and Nutritional Disorders	12%	13%
Peripheral edema	6%	6%
Musculoskeletal	17%	17%
Arthralgia	6%	6%
Nervous	33%	30%
Depression	8%	9%
Dizziness	6%	7%
Insomnia	8%	6%
Nervousness	5%	6%
Respiratory	45%	43%
Bronchitis	5%	3%
Pharyngitis	9%	9%
Respiratory disorder	13%	9%
Rhinitis	19%	22%
Sinusitis	10%	12%
Skin and Appendages	38%	37%
Acne	4%	5%
Application site reaction	20%	23%
Rash	6%	5%
Urogenital	71%	79%
Breast Enlargement	2%	7%
Breast pain	34%	48%
Dysmenorrhea	30%	31%
Leukorrhea	10%	8%
Menorrhagia	2%	5%
Menstrual Disorder	17%	19%
Vaginal hemorrhage	3%	6%
Vaginitis	9%	13%

Represents milligrams of estradiol/NETA delivered daily by each system

OVERDOSAGE

Overdosage with this dosage form is unlikely. Overdosage may cause nausea, bleeding may occur in females. Serious ill effects have not been reported following ingestion of large doses of estrogen/progestin-containing oral contraceptives by young children. In the event of a possible overdosage, the system should be removed immediately and medical attention considered.

Keep out of the reach of children.

Rx only

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Please see product circular for full prescribing information.

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LIVING-DONOR TRANSPLANTS

Of the 21,000 organ transplants performed annually in the U.S., a surprising one in five uses a living donor. Kidney transplants are the most common; 4,016 such operations were done in 1998. Living-donor liver transplants are in second place, but are still so new that only sixty-seven were performed last year, according to the United Network for Organ Sharing (UNOS), in Richmond, Virginia.

Very recently, doctors have begun living-donor transplants of sections of the intestines, pancreas and lungs. Far rarer are living-donor heart operations, in which the recipient of a heart-lung transplant from a cadaver gives his or her own healthy heart to someone else.

Organs aren't the only body parts that can be transplanted from a living donor. In April, doctors at Baylor College of Medicine, in Houston, used a nerve from a man's leg to repair the paralyzed hand of his one-year-old son. The surgeons anticipate that the baby will gain feeling and movement in his hand within a year.

Experts expect the number of living-donor operations to rise as the current organ shortage worsens. Not only do these procedures spare the recipient an often futile and life-threatening wait on a transplant list, they also free a cadaver organ for another desperately ill person, possibly keeping two people alive. Because the surgery can be done at any time, rather than only after a patient's health has deteriorated enough to reach the top of a waiting list, and because the donor is usually a relative, it's often more successful: The five-year survival rate for people who receive a kidney from a cadaver is 82 percent, compared to 91 percent for those who get a kidney from a living donor, reports UNOS.

WHAT SHE DID FOR LOVE

[illegible] Marcos warned the couple that this pioneering procedure had serious risks, including a small but grave possibility that Bruce Wengers could die on the operating table or go into fatal liver failure after the operation.

"There's always the 'what if,'" says



Today, happy and healthy with Bruce, Jr.

Kristina. "I did think about my son being orphaned. But I was young and healthy and didn't believe anything would happen to me." Kristina was given a battery of medical tests to make sure her liver was healthy and large enough for donation. Fortunately, the couple share the same blood type.

Bruce worried about his wife's decision. "I must have tried to talk Kristina out of donating a few times every day," says Bruce. His mother, Marilyn, expressed concerns, too. "I didn't want her to do it," she says. "I kept saying, 'Are you sure you're doing the right thing?' Finally, we just gave her a big hug, and told her we'd [illegible] for her."

On July 23, the Wengers' fourth [illegible] anniversary, Kristina got the [illegible] to give her husband the gift [illegible]. The Wengers had already [illegible] walk to mass in Gresham for little Bruce. Anxious friends and [illegible] intensified the prayer chain [illegible] and set up across the country.

When it was time to go to the hospital, the Wengers took pictures in their front yard with little Bruce, who was going to stay with Kristina's parents. "I'd rarely been away from him before, so it was really difficult," says Kristina. "I don't think he was ever kissed more in his life." The couple told their son they loved him, then waved good bye out the car window. "It was hard for us to take our eyes off him," says Bruce.

The night before the operation, Bruce and Kristina clung to each other, but made a point of not saying good-bye. "We kept saying, 'I'll see you later,'" says Kristina. Alone in their separate hospital rooms, each wrote a tender farewell to the other and the baby, to be opened only if they died. When asked what she wrote, Kristina wipes away tears. "I said if I didn't make it, I hoped the baby would remember me and how much I loved him; and I asked Bruce to have no regrets, because more than anything, I wanted this chance for a future together." In Bruce's note, he thanked Kristina for everything she had done for him. To little Bruce, he wrote: "I'm sorry I won't be around to watch you grow up. I love you."

Marcos says he and the three other surgeons who operated on the Wengers were anxious. "What would happen to the child if things went wrong, as they sometimes do during a transplant? This is the only surgery where you can have one patient and end up with two dead people. Bruce would die without a transplant, but Kristina (continued)

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AZO

AZO, the number one name in UTI symptom relief, now has the most advanced line of products that can help you feel relief and stay healthy.

was healthy, so our priority was to be extra careful that nothing happened to her. I told her if there was any problem that put her at risk, we'd stop the surgery." Also, Bruce would lose out on the transplant if doctors found any sign of cancer.

Just before the surgery, a nurse tried to take off Bruce's wedding ring. He refused. "I'd never taken off my ring," he explains. Says his mother, "Bruce knew that when he woke up in the intensive-care unit (ICU), he'd have tubes down his throat and wouldn't be able to talk. So he told me, 'When I touch my ring, I want to know if Kristina came through okay.' But after he was asleep, the nurse insisted on taking off the ring in case his fingers swelled during the transplant. She gave it to me. I decided that as soon as the operation was over, I'd run to the ICU and put it back on him."

The night before the operation, Bruce and Kristina wrote tender farewells to each other and their baby. "I asked Bruce to have no regrets," Kristina says

When Marcos opened Bruce's abdomen, he was horrified. "A normal person's liver is soft and purple; Bruce's was yellow and hard as a rock. He was so fragile that any infection could have killed him." Still, the intricate ten-hour surgery went smoothly, and late that night, Marilyn slipped into the intensive-care unit with her son's ring. "As soon as he woke up, he reached for the ring. We told him Kristina was just fine."

The next morning, when Kristina felt steady enough to walk, she insisted on going to Bruce's bedside, dragging her cumbersome IV machine behind her. "We couldn't believe Kristina was up and walking so soon," recalls her mother, Ethel Henry. "She shuffled over to Bruce's bed and tried to lean over and kiss him. It was incredibly touching."

Within a week, the couple was enough to go home, with matching shaped scars running down their sos. The liver regenerates, so just days after the operation, each normal-sized, healthy liver had set of bile ducts. "Our prayers answered," says Kristina, who after a few weeks.

Although Bruce developed duct leak that sent him back hospital for additional surgery made a remarkable recovery next four months. In November returned to his job, where works full-time. "There are words for how indebted I am to na," says Bruce.

Although Bruce will have powerful antirejection drugs rest of his life—medications tential side effects that include creased risk of infection, problems, cancer and other disorders his prognosis is excellent, says "Kristina really did give him of life, because we didn't donor livers during the twelve he might have survived with transplant." Now that Bruce healthy, it's the couple's turn brate life. Another of their dreams come true in November: They ing to have another baby. good to plan for the future Kristina. "I can finally imagine two of us growing old together

WHAT YOU CAN DO TO H

To donate your organs after dea check the box on your driver's li or call the American Liver Found at 800-465-4837 for a free dor Your family probably will make t decision, so be sure they know you

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By Catherine Fredman



HOW TO

ESCAPE A HOUSE FIRE

Eighty percent of deaths due to fire occur at home, according to the U.S. Fire Administration. In other words, if you wake in the night to the piercing pings of a smoke alarm, you'd better know what to do.

DO	DON'T
• Stay low. Smoke and hot air rise, so the best place to find fresher, cooler air is near the floor. Always crawl along the floor under the smoke when making your exit.	• Open the room's door until you test it for heat. Use the back of your hand—it's more sensitive than your palm. If it's a wooden door, test the doorknob. If it's hot, don't open it.
• Open the room's door just a crack at first to make sure smoke and flames won't rush into the room and so that you won't feed oxygen to the fire.	• Stop to call the fire department until you are safely outside, says Chief Brian Dixon of the New York City Fire Department. And don't go back in.
• Escape through a window if you can't use the door. Open the window slowly, in case a first-floor fire is lapping up the building's side. Climb out and hang by your hands before dropping feetfirst.	• Panic if you're trapped. Instead, stuff sheets and towels around the door to keep smoke out. Open a window and wave something to call attention to yourself.

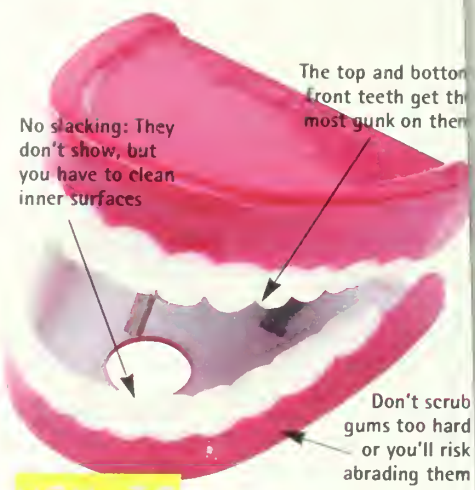
HOW TO

INTERPRET YOUR DREAMS

What are those nightly news bulletins broadcast from your unconscious trying to tell you? The setting or action may be a clue. For instance, according to dream therapist Karen A. Signell, co-author of *Wisdom of the Heart: Working with Women's Dreams* (Fromm International, 1998), a house in a dream often represents your own body or your basic self; flying usually indicates a sense of freedom from the limitations of everyday life; falling symbolizes loss of control; being nude means you feel exposed or vulnerable.

However, cautions Phyllis Koch-Sheras, Ph.D., a clinical psychologist in Charlottesville, Virginia, and co-author of *The Dream Sharing Sourcebook* (Lowell House, 1995), "Dream symbols can have a number of meanings, so it's up to you to interpret what they represent." Her advice? Write down your dream in the present tense and give it a title. Then, use a technique she calls "The five W's" to decipher its message: Who are the main characters? What is the theme? When and where does the action take place? And why are you having the dream now? "Why now?" is usually the clincher, she says, since many dreams spring from recent significant events.





HOW TO

BRUSH YOUR TEETH

The fact that you've been doing it your whole life doesn't make you a pro. Here's the correct way to brush, according to Debra L. Sangiuliano, Johnson & Johnson's resident expert. Time: Two minutes.

1 Your front teeth sit opposite salivary ducts that shoot them with tartar-hardening calcium salts all day. Use a dry brush with a small head and soft bristles to scrub plaque off.

2 Time for a pea-size amount of paste: Polish the chewing surfaces. Then, holding the brush at a 45-degree angle to the gums, wiggle it back and forth over one or two teeth so that the bristles clean right into the gum line. As you move on, overlap the ones you've just cleaned. Don't forget surfaces on the tongue side!

3 Brush your tongue to loosen plaque and halitosis-causing bacteria in crevices. A horizontal stroke won't activate the gag reflex as much.

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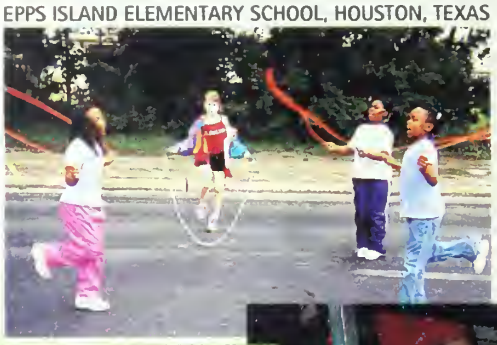
As the new academic year begins, *Ladies' Home Journal* and the National PTA bring you this special section to inform you about the most important issues in education today. "Keeping Schools Safe" fills you in on the latest measures to reduce school violence. In "Help, My Son Hates School," experts solve kids' biggest problems in the classroom. "What Parents Don't Know" is an eye-opening report on what really goes on in our nation's high schools.

From homework to school health issues, there's something here for every parent and child.

CLASS PICTURES

To get a kids'-eye view of school, we gave students disposable cameras and asked them to photograph everything from their classmates to their classwork

EPPS ISLAND ELEMENTARY SCHOOL, HOUSTON, TEXAS



Learning can b fun: On field d (left) students jump rope and compete in rel races. Later, Jessica Porter (below) grabs lunch in the cafeteria







Smiles, everyone: The third-graders pose with teacher Kelly Barker (above); Lakeisha Jones figures out a math problem for the class (right)


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The massacre at Columbine High Scho in Littleton, Colorado, left fourteen students and one teacher dead, and shocked the country

Keeping Schools SAFE

. . . AND FIVE OTHER TOP ISSUES IN EDUCATION

BY DONNA CHRISTIAN

In recent months, the student shootings in Littleton, Colorado, and Conyers, Georgia, have propelled the issue of school safety into the headlines. But this isn't the only major problem our schools are facing. From across the country come reports of declining test scores, underqualified instructors and a projected teacher shortage. How can we solve these dilemmas? What does the future of American education hold as we approach the new millennium? Here are six issues—each controversial in its own way—that every parent will want to watch

VIOLENCE: ON WASHINGTON'S AGENDA?

During the 1996–97 academic year, 6,093 students were expelled for bringing a firearm to school, according to the U.S. Department of Education. Even more alarming: According to experts, for every firearm brought to school, it's likely that as many as nine others go undetected. Violence in our schools has become one of the top issues of our time.

For their part, schools have installed metal detectors, monitored hallways and classrooms with closed-circuit cameras, and hired security guards. But after the shootings in Littleton, citizens began calling for even more protective measures. From successful violence-prevention programs to strategies every parent can use, there are new initiatives to keep kids safe.

In May, the Senate responded to concerns about teen violence by passing a juvenile-crime bill that contained landmark gun-control measures, such as mandatory three-day background checks for all sales at guns shows and child-safety locks for all handguns. In June, the House rejected a weaker package of gun-control restrictions. Nonetheless, some House gun-control advocates promised to continue to fight. "Keeping guns out of the hands of children is everyone's responsibility," says Carolyn McCarthy (D-NY), whose husband was killed and her son critically injured by a gunman in 1993. "Every [person] must do her part. And so must the U.S. Congress." —Deborah Perry

WHEN MEDIA MAKES A DIFFERENCE

Critics contend that TV plays a role in making children more violent. But at least one media outlet is working to help teens turn away from violence. Court TV, in conjunction with the National Middle School Association, has developed a program called *Choices and Consequences* to teach kids the repercussions of violent and reckless behavior. Students watch videotapes of actual cases involving teens, and then discuss them in class. A study at the University of California, Santa Barbara, found that *Choices and Consequences* decreased adolescents' aggression, and increased their empathic skills. Court TV also sponsors local town-hall meetings for teens, called *Your Turn*, on such issues as gun control. For more information on these programs, visit Court TV's Web site at *www.courttv.com/choices*, or call 800-333-7649.



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WHAT PARENTS CAN DO

Parents often feel helpless when it comes to keeping their children safe at school, but, in fact, there is plenty you can do. First, experts say, make time to sit down and talk with your child every day. Encourage her to express her thoughts—especially any anxieties she feels at school.

Violent and aggressive behavior is often learned early in life. Teach your child that violence is not the answer. Help her learn how to solve problems without getting angry or lashing out.

Find out everything you can about your school's safety plan. Ronald Stephens, Ed.D., executive director of the National School Safety Center, in Westlake Village, California, urges parents to meet with the principal to ask the following questions:

- What training is provided for the school faculty and staff to identify potentially dangerous behavior and avert crises? Do they know the warning signs of troubled or violent children?
- Is the staff trained in mediation or conflict resolution? What support nets are in place for wayward students?
- Has the school developed a partnership with local police? Does the school have an officer present?
- In the event of a crisis, is there a communication system that teachers can use to immediately contact the school office?

"These are keys to a safe school environment," says Stephens. —Alison Calabia



To prevent violent incidents, schools across the country are hiring security guards and using metal detectors to search students

WHAT SCHOOLS AND COMMUNITIES ARE DOING

The following programs have been recognized by the U.S. Departments of Education and Justice for their excellence in violence prevention.

- **The Comprehensive Weapons Reduction Initiative, Macon, Georgia:** Ten years ago, after a marked increase in students carrying weapons, Bibb County Public Schools and the police organized a task force that developed this program for grades K–12. The components include random searches for weapons and explosives, and a 100-percent prosecution policy for violations. Since the program was implemented, student weapon violations have decreased by 90 percent.
- **The Self Enhancement, Inc., Program (SEI), Portland, Oregon** is a year-round community center and after-school program for at-risk youths. The SEI staff teaches kids conflict-resolution. Field trips to such places as hospital trauma units expose children to the consequences of violence. A study by the Centers for Disease Control and Prevention recognized SEI as one of the most successful violence-prevention programs.
- **The School Resource Officer Programs, North Carolina**, places law-enforcement officers in middle and high schools in the state. The officers investigate crimes and patrol school buildings and buses. They also teach classes on law and work with students to reinforce positive behavior. —D.P.



FOR MORE INFORMATION

- At the National School Safety Center's Web site—*www.nssc1.org*—you can download a copy of *Working Together to Create Safe Schools*.
- The National PTA provides tips to prevent school violence plus other resources for parents, including a "Community Violence Prevention Kit," on their Web site, *www.pto.org/programs/crisis*. Or call 800-307-4782.
- The U.S. Department of Education has such publications as "Early Warning, Timely Response: A Guide to Safe Schools" on their Web site at *www.ed.gov* (go to the "Safe Schools" section). The guide is also available free: call 877-433-7827.

LHJ ONLINE PARENTING RESOURCES ● Ronald Stephens, Ed.D., executive director of the National School Safety Center in Westlake Village, California, will be available to address your concerns about kids and school. Log onto www.lhj.com/pta.htm to send in your question. ● At LHJ Online you'll also find live links to all the Web sites mentioned in this article, as well as additional links. ● You can also register to receive LHJ Parents E-mail—each day we'll send you a new tip to help you handle the many challenges parents today face. Sign up now at www.lhj.com


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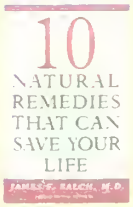
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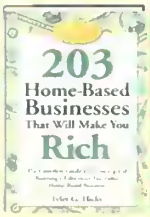
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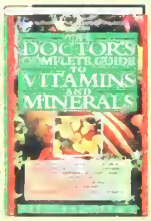
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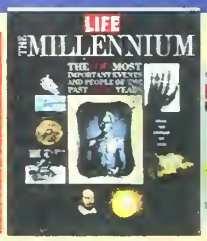














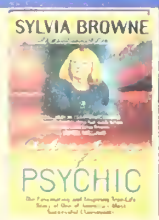


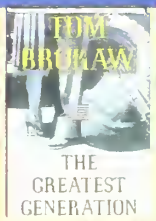
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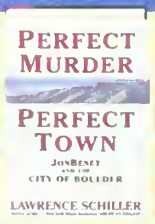
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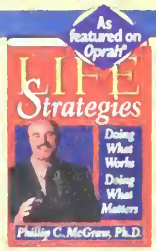


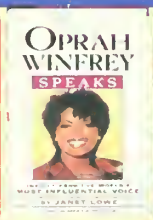


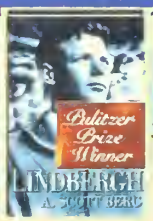












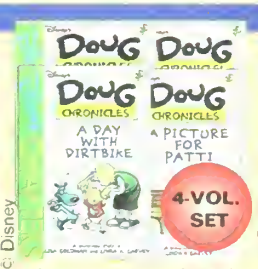


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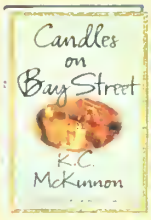


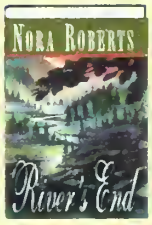




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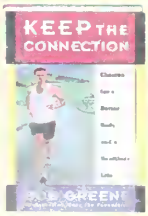


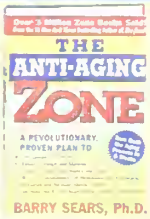


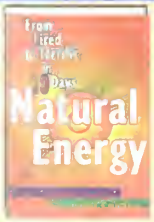


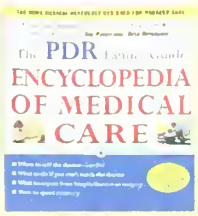
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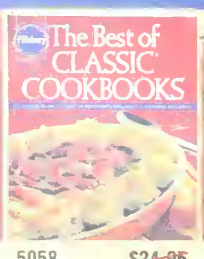




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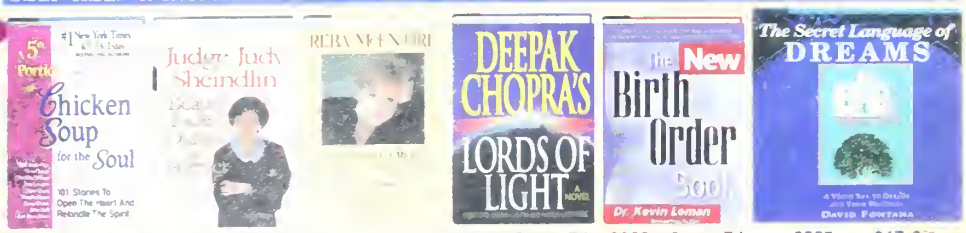


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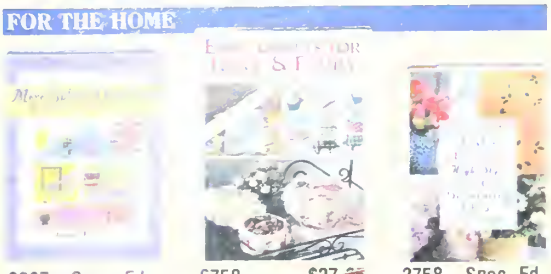
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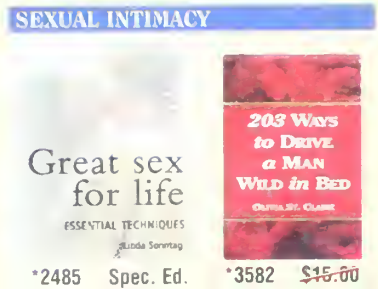
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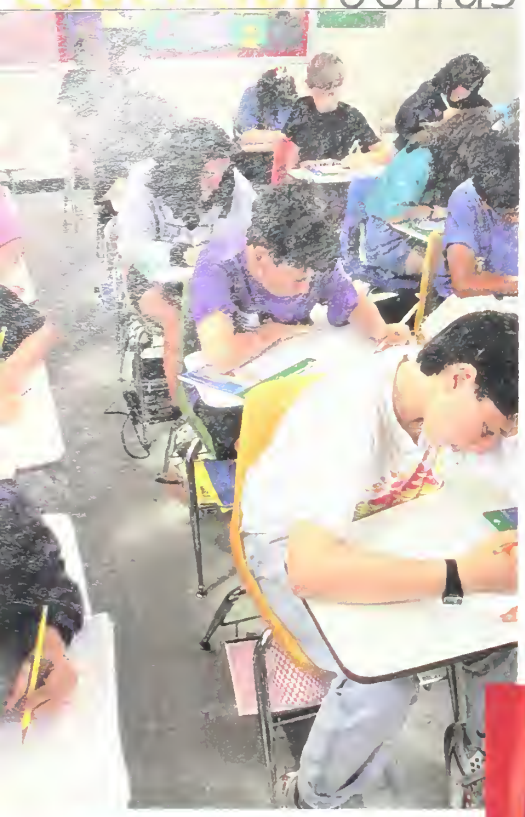
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YO QUIERO TACO BELL?

It's not unusual today to see students eating Taco Bell burritos in the cafeteria, protecting their books with Nestlé covers, or collecting Campbell's soup labels and General Mills cereal-box tops to earn computers and athletic equipment for their schools. One school even put a Dr Pepper logo on the roof.

Another form of private/public venture is outsourcing, or contracting niche operations to private businesses. An example: The Wildwood School, in Mountain Lakes, New Jersey, has instructors from Berlitz teach language classes.

How will the wanton appeal t consumerism affect education? "I don't think it will," says Jeanne Allen. "Advertising is everywhere. Kids are exposed to it on the Internet, on TV, even at the 7-Eleven. It's nothing to get nuts about."

Andrew Hagelshaw, senior program director for the Center for Commercial-Free Public Education, in Oakland, California, is among those who disagree. "Why do we have to turn public education into a place to pitch brand-name products?" he asks.



Are schools selling out to big business? Critics say ads and product placement don't belong in the classroom

HIGHER STANDARDS

Critics of modern-day education say American students are being dumbed-down—and dismal test scores prove it.

But even when standards are set high, there may not be uniformity among districts. "There's been a de facto curriculum set by the textbook manufacturers," notes Jeanne Allen, president of the Center for Education Reform, a national nonprofit research and advocacy group in Washington, D.C. Often, kids learn only what is in the books assigned to their classes.

Thanks—at least in part—to public outrage and parental pressure, that's begin ning to change. "Forty-eight states now have standards that clearly define, for example, what every fifth-grader [in the state] should know about science and what every second-grader should know about math," says Richard Riley, Secretary of Education. "Society is getting more serious about education."

CLASSROOMS WITH A CONSCIENCE

In addition to the three R's, kids today are taking new lessons in D—for discipline. Eighty-seven percent of schools now have zero-tolerance policies (one infraction and you're expelled) for alcohol and drugs; 91 percent boot students for carrying weapons—including fingernail clippers.

But are these policies too rigid? Students have been kicked out for using mouthwash, antacids and cough drops. And it may seem unjust to give the same penalty to a child who carries a cardboard sword for Halloween as one who threatens his classmates with a handgun. Some experts say these rules are merely a knee-jerk reaction to the recent incidences of school violence and will wane as their fairness is tested.

About half of all schools are also battling wrongdoing by adding values and character-building to the curriculum. Students may have to sign an honor code; the science class may learn responsibility and cooperation through a group project; a history lesson might include a discussion about courage.

Students have been kicked out for using mouthwash, antacids and cough drops

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Some say vouchers are great; others insist they drain funds from public education



PICK A SCHOOL, ANY SCHOOL

It used to be that the public school you attended was dictated by your address. Not anymore. According to the National Center for Education Statistics, between 13 and 47 percent of the school districts in the country (percentages vary by region) offer public school choice programs, allowing parents to shop for the best education for their children, regardless of where they live. The other avenues of choice we're likely to see more of in the next decade include:

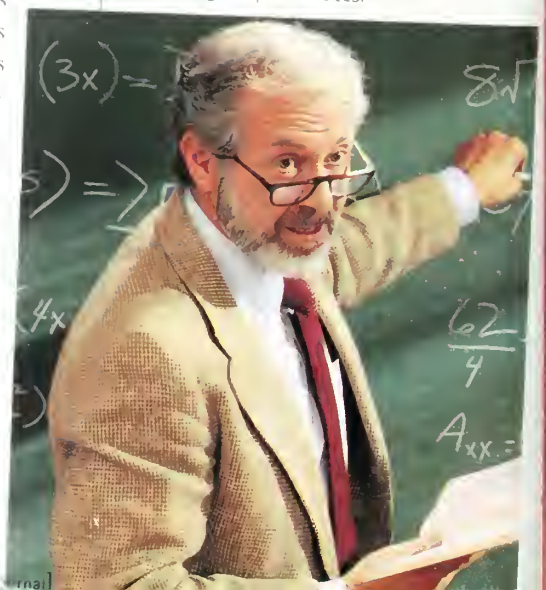
- **School vouchers** Under this system, parents can take a portion of their children's public-education funding and use it toward a public or private school of their choice.
- **Charter schools** Typically designed by parents, educators and or community leaders, each charter school operates by its own manifesto, which spells out its goals. This frees these schools from the rules, regulations and general red tape of traditional public schools (and, say critics, allows them to experiment with unorthodox teaching methods). Currently there are more than 1,200 charter schools in the U.S., and that figure is expected to grow.
- **For-profit schools** The largest such operator is The Edison Project, with some 24,000 students now in its [illegible] rooms. Edison contracts with districts or chartering authorities to operate a particular school and funds it with tax dollars and private money.
- **On-site school** [illegible]porations such as the transportation company Ryder Systems are looking to attract and keep employees by launching workplace-based, tax-dollar-supported public schools.

GRADE-A TEACHERS

Educators may not know enough about the subjects they teach. According to current data from the National Center of Education Statistics, nearly 20 percent of public school math teachers for grades seven through twelve never majored or minored in math. Just 66 percent of high school teachers (and only 22 percent of elementary school teachers) had majored in an academic field such as English or history.

With those statistics in mind, some school districts are recruiting college seniors majoring in subjects like chemistry and math. Others are hiring corporate employees to teach courses relevant to their fields. Certain districts are even trying to attract prospective teachers with financial enticements, such as paying off part of their student loans.

And the buck doesn't stop there. Other school districts are adopting controversial policies giving more pay and job security to teachers with outstanding evaluations or high-performing students. For the 1997-98 school year, teachers in the Charlotte-Mecklenberg school district in North Carolina received $725 bonuses if they met a series of goals, including raising test scores, increasing student attendance and reducing drop-out rates. ■



Does your child's math teacher know his stuff? Many educators didn't major in the subjects they teach



x 3

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"Help, My Child HATES School"

ADVICE FROM EXPERTS ON SOLVING THE TOUGHEST PROBLEMS IN THE CLASSROOM BY ANNA ROUFOS

A few months ago, on our Web site—*www.lhj.com*—we asked you to send us the most pressing questions about your kids and school. Then, we went to the experts for practical solutions to your dilemmas. To learn how you can help your children have a successful school year, read on

THE EXPERTS

SHARON DRAPER 1997 National Teacher of the Year, high-school English and language-arts teacher for twenty-nine years

GINNY MARKELL National PTA President, Registered nurse and high-school health-sciences teacher at North Clackamas School District, in Milwaukie, Oregon

KAY LUZIER National PTA Board of Directors, chair of the education committee, fourth-grade teacher at Sweetwater Elementary School, Port Orange, Florida

CAROLINE BUTLER National PTA Board of Directors, Principal, Main Street Elementary School, Somersworth, New Hampshire

MARK KURANZ Guidance counselor at J. I. Case High School, in Racine, Wisconsin, president-elect of the National School Counselor Association

My fifteen-year-old son hates school. How can I motivate him to do his homework and participate in class? Should I take away his video games when he gets poor grades?

There's always a reason that a child hates school, and it usually revolves around a sense of failure—be it academic or social. No one wants to go to a place where they are assured of feeling bad about themselves. As a parent, try to find something—anything—in which your child may find success: music, computers, sports. Listen to him carefully to find out what he is interested in and then help him find ways to become involved with whatever it is. Success in one area tends to spread to others.

Parents, especially those of teenagers, must be actively involved with the school experience, participating in activities whenever possible, checking homework, talking to teachers and helping the child with difficult projects. Full participation by parents and students will help make school rewarding and meaningful for both.

And yes, electronic games should be taken away if they interfere with your child's schoolwork. —Sharon Draper

My daughter is constantly being picked on by other kids at school. Is there anything I can do to make it stop?

First, you must find out what is going on. Call the school guidance counselor and ask for some help. The counselor can arrange a meeting with all the children involved and act as a mediator. (Some schools even have mediation programs today, where students work with other kids to solve problems.) If this doesn't work, the counselor may call the other parents to let them know what's going on. Finally, the kids doing the teasing must be told what the consequences will be if they don't stop (such as suspension from school). The message should be clear that such behavior will not be tolerated under any circumstances. Most schools will be willing to help.

—Mark Kuranz

My son is struggling in math. It seems his teacher is really smart, but does not know how to teach the subject matter. Is there anything I can do?

This is a much more common problem than we think. Unfortunately, there is not much parents can do to change that teacher—especially in time to *(continued)*



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rtec studies with children, most side effects were mild or moderate. Headache was the most mon side effect. Others included sore throat and stomach ache. Drowsiness occurred in 2% to 4% ildren, depending on dose, compared to 1% taking placebo.

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see important information for Zyrtec 5-mg and 10-mg tablets and 1mg/mL syrup on following page.

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PRECAUTIONS Activities Requiring Mental Alertness:

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Pregnancy Category B

Nursing Mothers:

Geriatric Use:

Pediatric Use:

ADVERSE REACTIONS

Table 1 Adverse Experiences Reported in Patients Aged 12 Years and Older in Placebo-Controlled United States ZYRTEC Trials (Maximum Dose of 10 mg) at Rates of 2% or Greater (Percent Incidence) ZYRTEC (N=2034) Placebo (N=1612) respectively

Table 2 Adverse Experiences Reported in Pediatric Patients Aged 6 to 11 Years in Placebo-Controlled United States ZYRTEC Trials (5 or 10 mg Dose) Which Occurred at a Frequency of ≥2% in Either the 5-mg or the 10-mg ZYRTEC Group, and More Frequently Than in the Placebo Group ZYRTEC 5 mg (N=161), 10 mg (N=215) vs placebo (N=309):

Autonomic Nervous System:

Cardiovascular:

Central and Peripheral Nervous Systems:

Gastrointestinal:

Genitourinary:

Hearing and Vestibular:

Metabolic/Nutritional:

Musculoskeletal:

Psychiatric:

Respiratory System:

Reproductive:

Reticuloendothelial:

Skin:

Special Senses:

Vision:

Body as a Whole:

DRUG ABUSE AND DEPENDENCE

OVERDOSAGE

4573-0-3 Revised May

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"HELP, MY CHILD HATES SCHOOL"

Continued

make a difference for their kid. But they *can* help the
develop strategies to learn.

First, the student should tell the teacher that he d
understand the lesson. If this doesn't work, the child s
bring up his concerns again. Encourage him not to giv

In addition, parents must help their kids find other
to learn. For example, we have a math resource cen
our school, so kids can work with another math teache

It's also important for kids to keep asking questions
they don't understand a concept. I had a student wh
struggling through a calculus class. She was very aggre
when she didn't understand something, she'd ask a l
questions. But she worried that the teacher was getting
noyed by her persistence. When I spoke to the teache
said he wished he had a hundred kids like her.

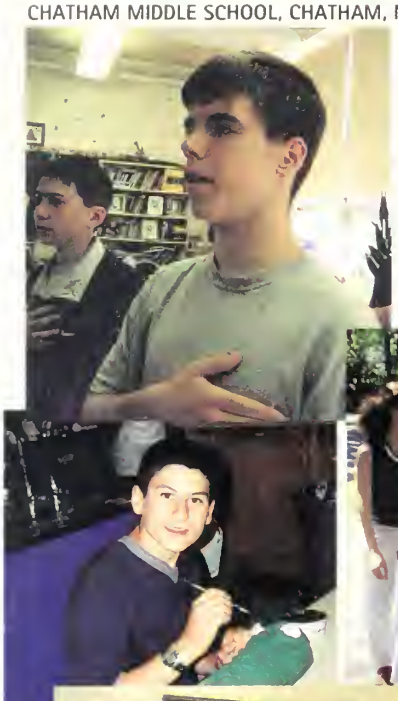
The bottom line is that it helps to get your children t
different strategies to solve a problem. That's a lifelong s

—Mark Ku

CLASS PICTURES

These seventh-graders capture a day in the life of their school

CHATHAM MIDDLE SCHOOL, CHATHAM, NEW JERSEY



Clockwise from top: Jon Kiss (left) and Matt Keyser begin their day with the Pledge, Raelen Noval (left) and Katie DeMallie catch up as they head home. Stephanie Smith wor on a science project, and Alex Bonamo get creative in art class

ve-year-old daughter is bright and
u', but she and her social-studies
seem to be at war. She is constantly
out for reprimand and criticism and
home in tears at least once a week.
froid we will alienate this student
further if we meet with her. What
?

oblem causes this much stress
ur child, you must meet with
icher and discuss it. Approach
th a positive, open attitude and
ing to listen. Tell her that your
ter has been coming home up-
d that you're concerned. The
er may not even be aware of
is happening, or may add some-
to the conversation that you
't considered. Try to reach a
romise so your child can at least
lete the course. Your daughter
not enjoy it, but she will feel a
of accomplishment when it's
If this doesn't work, you may
to meet with the school admin-
on. The final solution might be
ove the child to another class.

—Sharon Draper

Parents should
every day for th
homework. It's important to designate
a quiet place
such as a dictionary and a computer at
hand. If parents speak
ity at home
low the example. On
child has no homework
him or explore subjects
interested in.

Kris Fazzi

At the beginning of the school year, introduce yourself to your child's teachers. Let them know you're interested in your child's progress. Send them notes, give them a call. Make it clear that you want to prevent problems rather than correct them later — which means you want to know of any difficulties right away.

—Caroline Butler

A good rule of thumb is whether your child is capable of participating in classroom activities. If there's some minor illness that has
may need
It's
Usually, if a child's
no longer be contagious. Because viruses
are so easily spread among children, parents must use good judgment in deciding when kids are ready to return to school.

Gaby Markell

The best thing you can do is read to your child. Reading is the key to language development. Also, include him in conversations. You can do other things to develop motor skills, like playing ball and tracing letters in the sandbox. But the most important thing is language development.

Caroline Butler

Anna Roufos is an associate editor at LHJ.

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What Parents DON'T KNOW

ARE KIDS DIFFERENT AT SCHOOL THAN AT HOME? TO FIND OUT, LHJ ASKED A HIGH-SCHOOL TEACHER TO KEEP A DIARY FOR US. THIS IS HIS ACCOUNT OF ONE SURPRISING TENSION-FILLED WEEK

BY DAN MONTGOMERY, AS TOLD TO KATHRYN CASEY



PROFILE:
Dan Montgomery, 36
English teacher
Union president
Niles North High School, Skokie, Illinois
Student population: 2,200
Classes last semester: Taught freshman honors-English, Bible and Mythology, and creative writing. Also tutors students in the Writing Center two periods per day
Married to Patti, 35, a freelance illustrator
One daughter, Elinor, four months

MONDAY

I arrived at school fifteen minutes early today, at a quarter past seven, and worked on a final syllabus for each of my four classes. Lately, time is truly of the essence. Since Elinor's birth, Patti needs more help at home, and I was recently elected union president for our district's two high schools.

In the attendance record, I notice that Steve*, a student in my creative-writing class, was marked unexcused for an absence. He needs to pass my class to graduate, and he's borderline. He'll have to finish his writing portfolio by Thursday—for Steve, a daunting task.

We discussed *To Kill a Mockingbird* in my freshman honors-English class, a competitive class. A smattering of students approached me afterward, upset about grades on their group video projects. Later, I graded papers, then headed to the Writing Center to tutor students.

As usual, Steve arrived late to creative writing. He came from chef's class, the one place he shines. It's a rare opportunity for him to feel good about school, so I made an exception and didn't mark him tardy. I asked about last week's absence. He said he was ill.

At lunchtime, I learned from the school's head of security that a student had threatened a teacher. This particular student, he added, has been known to have access to a gun. I sought out the principal, who told me that the student, a sophomore, had been released from custody, but he wouldn't be *(continued)*

* *Name and details have been changed*

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but they're all

very busy people!

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each other as much

as we'd like.

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(continued) allowed to return to school until the gun was found.

While this wasn't the first such threat, in the wake of school shootings across the country, everyone is nervous. Not long after the Littleton massacre, I asked my students if anything like that could happen at our school. Some thought it could; others disagreed. What do I think? I'm really not sure. But, as union president, I decided to call the threatened teacher from home later. As she talked, I became increasingly concerned. The student sounded disturbed, and he'd had a previous run-in with another teacher as well.

TUESDAY

In the morning, I verified with the principal that the student wouldn't be in class. After lunch, the Writing Center was busy. I felt frustrated that I couldn't give each student enough time.

At home, the baby had fussed all day and Patti was exhausted. I took over with Elinor until seven, when the phone rang. The second teacher who'd had a run-in with the student was furious to learn that he'd been re-admitted to classes after all. I called the superintendent and we decided to have a meeting.

WEDNESDAY

At the meeting, the head of security assured us that after a thorough search, no gun was found. The boy would remain in school, and a guard would be placed outside the door of one of the two teachers, who still felt threatened.

After the meeting, I headed to my honors-English class. I couldn't help but be struck by the contrast between my bright, eager students and the troubled boy. Later, one of the students from my Bible and Mythology class approached me. He's entering college in the fall and wants to go into business; his parents are urging him to aim for medical school.

"Don't make any decisions right away," I told him. "Take your time."

In creative writing, Steve said he was working on his portfolio. Still, I'm not very optimistic. I called his mo who said she has told him he can't to the prom if he doesn't pass. At le that's another incentive.

HOLLYWOOD HIGH

Some of our most-loved teachers have been the ones portrayed in these classic movies. Their dedication inspired us. Best of all, they didn't give us any homework! From top: Dead Poets Society; Mr. Holland's Opus; Dangerous Minds; To Sir, With Love; Stand and Deliver











THURSDAY

My honors-English class talked ab the changing perspective in *To Kil Mockingbird*. That led to a discussi about how adults view teenage Some of the students described be trailed by store security guards simp because they're young.

Steve showed up late again to cr ative writing, and with his work on half completed. I gave him until Frid

The day ended with another unio meeting. Some teachers were ups with the handling of the threat, sayi the boy should have been expelled. a retirement party for three Engli teachers afterward, Patti brought th baby. At times like this, the facu ty feels like a family.

FRIDAY

Today was the last day for gradu ating seniors as well as senio prank day. The principal adde extra security. Even the kid seemed wary.

A big surprise: Steve turned i his portfolio. With the prom rid ing on it, to say nothing of graduation he must have really pushed [to finish it].

"So," he asked, holding prom ticket in his hand. "Do I need these?"

I had reviewed his portfolio. It war ranted a passing grade, albeit a D.

"Yes," I said, with a sigh.

Steve beamed and shook my hand. We talked about his plans fo prom, and I was struck by how in- nocent he seemed. I couldn't help wondering what the future holds fo him. I spent the rest of the day say- ing good-bye to students, many o whom I've known for four years. I Bible and Mythology, I quoted Joseph Campbell and we talked about his concept, that you've got to be the hero of your own life. As my students left, I shook hands with each of them. I'm going to miss them. ■



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Whiz KIDS

THESE TEENS LOVE MUSIC, SPORTS, HANGING OUT WITH FRIENDS—AND OH, YES, THEY'RE GENIUSES, TOO

BY RONNY FRISHMAN

They are tomorrow's Nobel prize winners and technology superstars. They are the minds of the new millennium—young, dynamic thinkers who tackle problems that many of us can't even fathom. But don't think of the finalists of the 1999 Intel Science Talent Search as socially challenged nerds. These gifted teenagers are just as likely to hold a black belt in karate or play in a rock band as they are to excel in quantum physics.

A PHYSICIST AT FIFTEEN

NATALIA TORO, 15

HOMETOWN: Boulder, Colorado

FAMILY: Only child of Gabriel Toro, a civil engineer, and Beatriz Toro, a homemaker

BEST OF THE BEST: Fourteen at the time, Natalia was the youngest entrant ever to take the top prize of $50,000. She studied the oscillations of neutrinos (elusive subatomic particles).

FAVORITE CHILDHOOD ACTIVITY: Pulling her toys apart to figure out how they worked

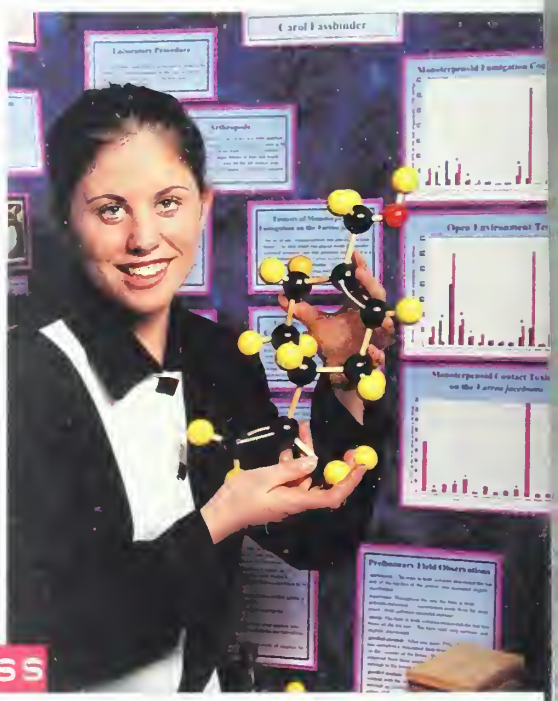
ON THE FAST TRACK: Aced her first calculus class at ten; entered high school after sixth grade; took college courses in her senior year.

NONSCIENTIFIC TALENTS: Speaks fluent Spanish, plays tennis, swims, sings in a women's choir and plays piano.

ON BEING "THE YOUNGEST" AT EVERYTHING: "No big deal. I've spent most of my time at school with people older than me."

HOW TO RAISE A GENIUS: "Listen to your children; don't push them," says Beatriz Toro

IN A CLASS OF HER OWN: Just entered MIT to study physics.



SAVING THE FAMILY BUSINESS

CAROL ANNE FASSBINDER, 18

HOMETOWN: Elgin, Iowa

FAMILY: One of four children of Robert Fassbinder, a commercial beekeeper, and Kathy Fassbinder, a dietitian

WINNING PROJECT: Took fourth place with her discovery of an organic pest control for a parasitic mite, *Varroa jacobsoni*, that is decimating honeybee hives nationwide—including the Fassbinders'—and becoming resistant to current pesticides.

PERSISTENCE PAYS: Motivated to help her family, Carol Anne had been trying to develop a mite killer since seventh grade.

BETTER LIVING THROUGH CHEMISTRY: Several chemical companies are interested in producing her plant-based compound, for which the patent is pending.

WHY BEES ARE SO INSPIRING: "They're always working—they never sleep!"

FAVORITE HONEY DISH: Her mom's honey brownies.

BUSY AS A YOU-KNOW-WHAT: In high school, Carol Anne served as Student Council president, participated in the science club, played bassoon in the school band, sang in two choirs and taught Sunday-school classes.

A CAREER ON THE WAX: Has her own beeswax candle business.

HER AMBITION: After graduating from Iowa State University, finding a profession that combines science, art and nature.

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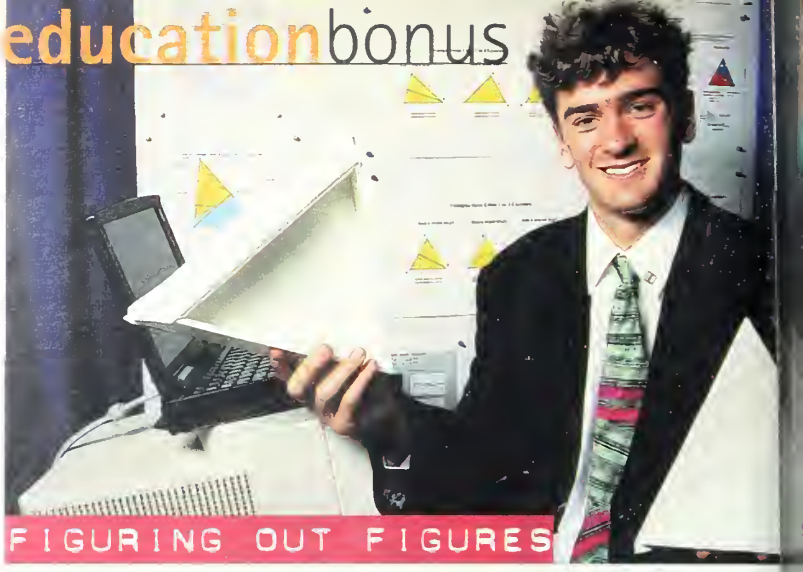


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FIGURING OUT FIGURES

RIO GABRIEL BENNIN, 18

HOMETOWN: Berkeley, California

FAMILY: Father, Robert Bennin, is a developer of financial software; mother, Jos Coatsworth, is a photographer and homemaker; one sister

WINNING PROJECT: Placed fifth with a mathematical study that explores a meth dividing a geometric figure of two or more dimensions.

A NUMBER-CRUNCHER IS BORN: As a toddler, Rio would lie in bed at night co and mentally grouping the floorboards in his room.

BEST TEACHERS: His parents, who home-schooled him during seventh and eighth g

WRITING AND RHYTHM: As part of the curriculum, learned writing from a local teller, and studied steel drums with a professional musician.

WATCH OUT, AGASSI: Rio is a United States Tennis Association–ranked player. He's mean swing dancer.

COLLEGE AND BEYOND: Enters Harvard University this fall; will probably co physics and math as a career.

GETTING PSYCHED



ANGELA PATRICIA BURGESS, 18

HOMETOWN: Springfield Gardens, New York

FAMILY: Mother, Eileen Haynes, divorced, a social worker; one sister

WINNING PROJECT: Angela was named a finalist for her sociological study of 141 teen girls in two-parent homes and their relationship to their fathers.

DADDIES DEAREST: She found that the more education men had, the more supportive they were as fathers; their daughters had stronger self-esteem.

ON GROWING UP WITHOUT A FATHER: Because of her tight bond with her mom and a loving extended family, "I don't feel anything is missing."

SPARE TIME? WHAT SPARE TIME? In high school, she was vice president of the Black Organization for Student Strength, a tutor, a hospital volunteer and a Cross youth group member.

A REAL LOONEY TUNE: Loves the toon *Batman Beyond*.

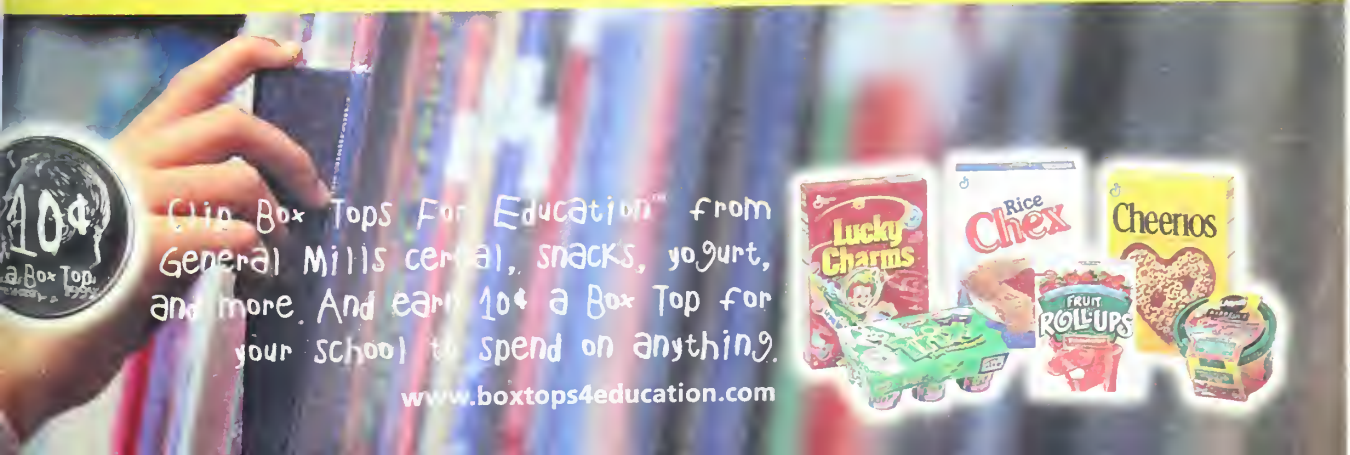
THE FUTURE: A freshman at the U versity of Rochester, Angela hopes f career in neonatology. ■

Ronny Frishman is a contributing ed to Ladies' Home Journal.



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PILLOW Talk

Making the bed now means more than tucking in the sheets

Shopped for pillows lately? Bedding departments now stock far more than the limited roster of standard, king and European-square pillow sizes in basic beige or white. In keeping with the eclectic style of today's bedrooms, you'll find a wide variety of unusual, not to mention practical, sizes and shapes—and a new world of options to dress them in. Manufacturers are not only selling more individual pillowcases and shams (rather than matched sets), they're creating whole lines of linens in unexpected combinations. Ginghams mix with florals, vintage patterns with contemporary prints. Given the abundance of choices, how to achieve a look that's harmonious, not chaotic? "Use colors similar in tone and intensity—periwinkle with canary yellow and mint, hunter green with burgundy and khaki," says New York interior designer Michael Foster. "Checks and stripes go with everything. Have fun with it, and don't be afraid to experiment."

ALL THE TRIMMINGS

From subtle scallops to a tasseled rim, decorative details can enliven even the most understated bed linens. Or they can just add fun and flounce, if that's what you're after. In stores now: linens with piqué weaves, crocheted trim, contrast stitching and monograms. But should the linens you buy come relatively unadorned, you can always jazz them up on your own by adding coordinating rope trim, fringe, or appliquéd or embroidered designs.



ALL THE FILLINGS

Feathers or foam? When it comes to pillows, you now have more than two options

Pillows with antimicrobial protection are essential for allergy sufferers because the ticking (or fabric cover) and fiber inside inhibit growth of mold, fungus and bacteria.

An overstuffed quilted pillow is designed to cradle the neck, head and shoulders of back or side sleepers. Many are filled with high-quality polyester, which is soft, but not overly so.

A firm foam pillow with a center depression is great for back sleepers with snoring problems. The pillow tilts the head back, which opens the throat.

Ideal for any sleep position, 100-percent cotton pillows filled with rolled batting are nearly as soft as down without down's allergy-inducing side effects.

Nothing rivals the billowy softness of 100-percent down pillows. Some come with a densely packed channel to provide a soft yet firm ledge for the neck.







Dad hijacks the remote again.



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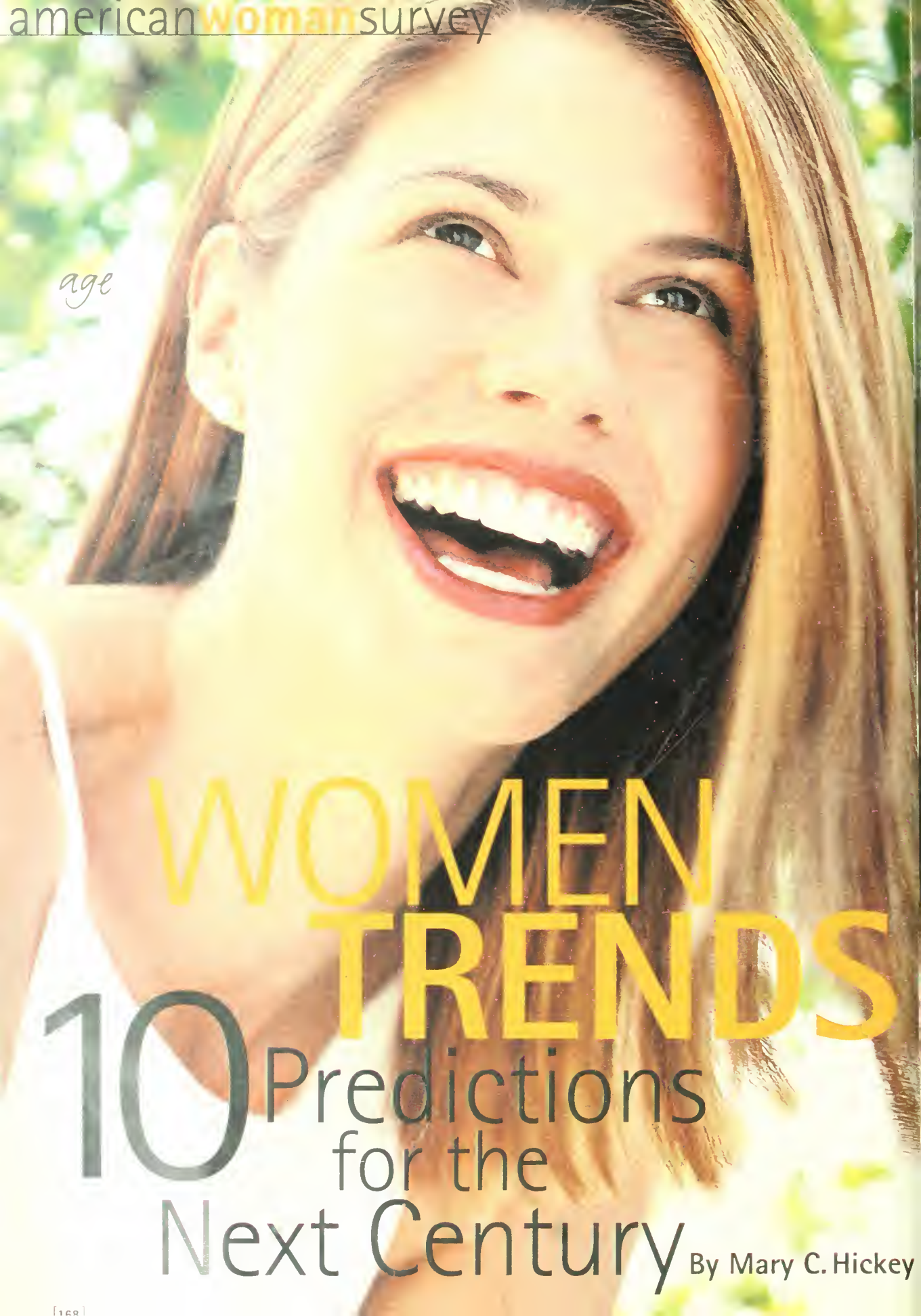


Melissa's Birthday Wish? A new car. Keep wishing!



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age

WOMEN TRENDS

10 Predictions for the Next Century

By Mary C. Hickey


workplace
education
children
hobbies
friends
money
health
beauty

americanwomansurvey

IF THE LATTER PART OF THE TWENTIETH CENTURY was the time when women began t catch up to men, the coming decades will be the period when we just might surpas them. That's the belief of a majority of American women as they head into the new mil lennium. They are optimistic that in the future they will be stronger, richer and mor powerful, and that they'll have more choices and increased self-confidence.

Those are the findings of *Ladies' Home Journal*'s third annual American Woman Sur vey, conducted with DYG, Inc., a renowned social-science research firm. Says DYG presi dent Madelyn Hochstein, "The rising influence of women will be one of the mos powerful transforming forces of the twenty-first century."

Here's how that influence will be felt.

85% of working moms say th employer who lets them

1. THE NEW EDUCATED WOMAN

KNOWLEDGE IS POWER Almost three quarters of survey respondents say women will join and even replace men as the movers and shakers of the world, and for good reason: They'll be better educated.

Already, women are getting 55 percent of all bachelor's and master's degrees. By 2007, the U.S. Department of Education predicts that 9.2 million American women will be enrolled in college, compared with 6.9 million men.

This will likely spark an explosion of female power: Today, women outnumber men in such jobs as accountants and economists. In the next decade, 96 percent of respondents expect that most of us will have a female doctor, lawyer, accountant or stockbroker, and 88 percent think the great scientists of the next century are just as likely to be women as men.

2. NEW WAYS TO WORK

NINE-TO-FIVE? FORGET ABOUT IT Women will increasingly find new ways to work. Already 74 percent of women say they'll work only for companies that allow flexibility. Looking ahead, 85 percent of working moms say they'll choose an employer who lets them balance family needs with job demands. "Telecommuting, flextime and job sharing will become the norm," predicts Hochstein.

Part of the reason that businesses will be so accommodating is because more than one third of them are owned by women. That number is likely to grow: Our survey found that nearly 60 percent of women under age forty would like to start a business in the next decade.

3. WE'RE IN THE MONEY

THE BUCK STAYS HERE Today, marketers are pitching women on everything from cars to computers. That's because women are the driving force behind the majority of consumer purchases in this country. They will continue to exercise even more financial clout in the future: Some 22 percent of women surveyed say they earn more than their husbands, and 25 percent make the same amount. Almost 50 percent expect that within the next ten years, women will be the main breadwinners in most families.

They are also becoming savvy investors. Across the country, more and more women are buying stocks. In the future, our involvement is expected to intensify: Eighty-three percent of those surveyed said they want to learn more about investing in the decades ahead.



4. THE FUTURE OF MARRIAGE

WE WON'T DEPEND ON MEN

While seven in ten women still view having a husband as the ideal arrangement, survey respondents no longer consider marriage a gotta-have-it proposition: Eighty-eight percent believe that women who never marry can be just as happy as those who do—and the same number say it's okay for a single woman to raise a child as long as she's able to provide for it.

An astonishing 23 percent of women view being single as the ideal lifestyle. Among divorced and single women who do plan to walk down the aisle, 91 percent insist they would only marry a man with whom they are deeply in love.

5. GREATER EXPECTATIONS

WE'LL DEMAND MORE FROM MEN After years of griping about shouldering the bulk of domestic chores, women have begun to make real demands on men. In fact, in the future, we'll be holding them to ever higher standards in all regards. Our survey found that women expect their mates to do their fair share of parenting and housework, and to be successful and financially able to pull their weight. What's more, women say they won't tolerate anything less than "queen-level" treatment from the men in their lives. "Women are now demanding that men treat them with support, respect and love," says Hochstein.

Eighty-eight percent of women agree with the statement: "When looking for boyfriends or husbands, I think in the near future women will be even more selective about men."



88% say that women will become even more selective when it comes to men

6. THE QUICK FIX

WE'LL EXPECT MAGIC-BULLET CURES Scientific breakthroughs and medical technology have spoiled us. In the last two decades, we've seen revolutionary treatments for such diseases as cancer, and witnessed the development of lifestyle-changing medications, such as Viagra and Prozac.

In the future, our survey suggests that there will be an even greater demand for quick fixes. Consider the popularity of Xenical, the new drug that prevents the absorption of fat. Since the drug went on the market last spring, doctors have written more than 210,000 prescriptions for it.

In the new millennium, "as women's lives get more hectic, they won't want to wait for anything," Hochstein says. "And they won't have to."

7. A RAINBOW OF BEAUTY

GORGEOUS GOES MULTICULTURAL Once, being beautiful meant being tall, thin, young, white and blond. These days, our vision of female beauty has expanded to include all hues, shapes, ages and sizes. Consider some of the celebrities of the late nineties: Lauryn Hill, the Grammy-award–winning African-American singer; Jennifer Lopez, the popular Latina actress and singer; Sophia Loren, who at sixty-five is still dazzlingly beautiful; and Camryn Manheim, the TV star and Emmy award–winner who proudly titled her autobiography *Wake Up, I'm Fat!*

Our definitions of female beauty will continue to evolve. Ninety-five percent of our survey respondents agree that "more and more women are defining beauty by their own standards."

Why should you choose Pronto when your child has head lice?



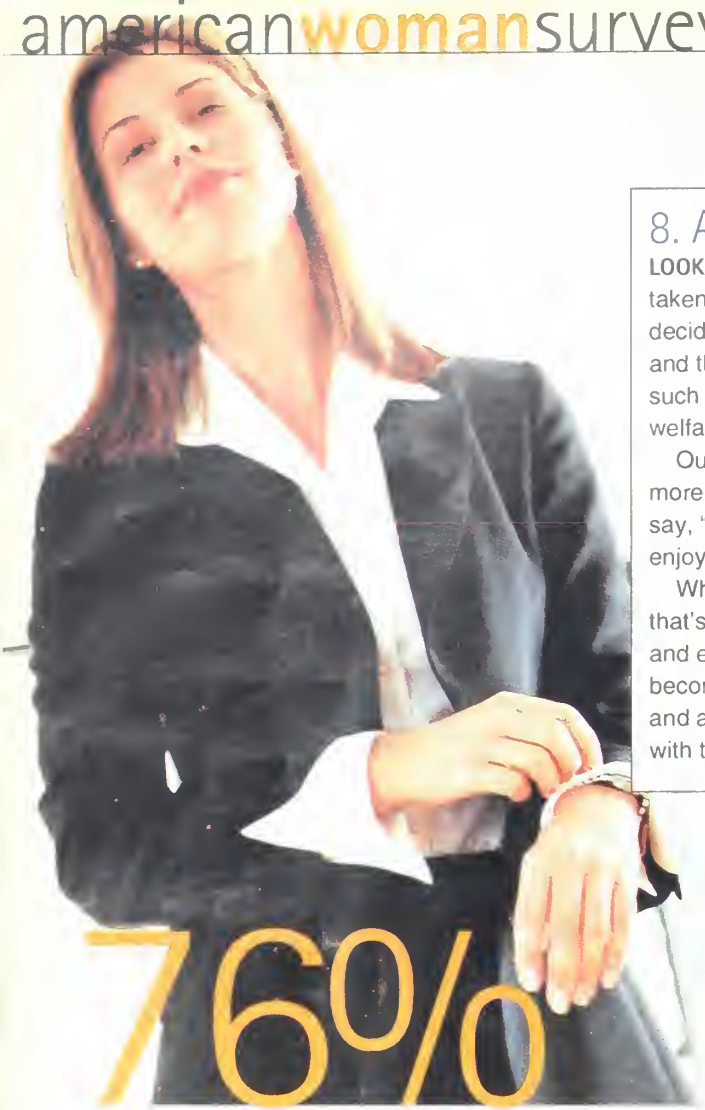


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*Among the leading brands.



76%
of women say they would never change to please a man

8. A HEALTHY SELF-ESTEEM

LOOKING OUT FOR NUMBER ONE For years, women have taken care of everyone else. But now they have finally decided to put themselves at the top of their own to-do list—and their interests at the top of the national agenda. Today, such "women's" issues as health care, education and child welfare are too important for politicians to ignore.

Our survey found that in the near future, women will be more likely to satisfy their own needs. Eighty-three percent say, "I'm going to try to do more things for my own enjoyment rather than always catering to everyone else."

What's behind this trend? A new sense of self-confidence that's a direct result of women's increasing social, political and economic clout. Eight-six percent of women are becoming less concerned about others' opinions of them, and almost 90 percent are becoming increasingly satisfied with themselves.

9. MERGING MARS AND VENUS

WE'LL FIND OUR "MASCULINE" SIDE Women are no longer bound by the confines of traditional gender roles, say survey participants. They've decided that it's good to be a girl: Eighty-nine percent say it's okay for women, even in positions of authority, to show their feminine side. At the same time, they find themselves increasingly drawn to traditionally male pursuits. Seventy-two percent of women ages eighteen to twenty-nine say that they and their friends are going to sporting events and watching action films. And almost half of those surveyed agreed that in the future, women will be as likely as men to rent X-rated videos.

In fact, when it comes to sex, we're already behaving more like men: Eighty-six percent of respondents agree that women are learning how to enjoy sex, and 83 percent say "women talk more openly about sex than they used to."

10. FOREVER YOUNG

WE'LL DISCOVER THE FOUNTAIN OF YOUTH America's baby boomers—seventy-seven million strong—are getting older. Today, a baby boomer turns fifty every 7.5 seconds. And just as this generation has defined every other stage of life it has gone through en masse, the boomers will redefine the concept of old age in the years to come. "Healthier lifestyles and improved medical technology will slow down the aging process," says Hochstein. "In the future, we'll all look and feel ten years younger than our age."

Indeed, our survey shows that women already perceive themselves as youthful. Seventy-seven percent of women between forty and forty-nine say they don't feel as old as the date on their birth certificate suggests. These perceptions will redefine attitudes about aging. Says Hochstein, "Women will feel free to reinvent themselves at any age."

Who answered our survey
Median age: 37
Average household income: $41,700
59 percent are married
73 percent have children
56 percent work full-time
20 percent work part-time
59 percent have at least some college education.

How our survey was conducted: This national telephone poll of 1,000 American women aged eighteen to forty-nine was conducted by DYG, Inc., from April 30 to May 11, 1999. Overall margin of error: plus or minus 3.2 percent.

Imagine not remembering your best friend's name. For thousands of women each year it's becoming a reality.



mer's disease—a major health issue for women. mer's disease is a devastating disease that takes an ıse toll on people's lives. An estimated 4 million ɔans have this degenerative disease that affects bility to function normally and to remember who re and the people and places they've known for es. As the population ages, millions more will be ed with Alzheimer's disease in coming years. mer's disease may be more prevalent in women asons we do not understand. Some studies have sted that estrogen loss during menopause may be ributing factor, although this has not been proved. ertainly, women constitute the majority of care- for those who have the disease.

pecial needs of the caregiver. Women who are family vers are often under a lot of stress. For this reason, it's tant that they take special care of their health. Effective for managing stress include a healthy diet, adequate and exercise, and outside activities. Family members aregivers are urged to contact their local chapter of the mer's Association for additional support.

ason for hope. Rapid progress is being made in imer's research. Drugs are available may temporarily improve symptoms of the disease. Some preliminary studies suggest that other medications, such as estrogen replacement therapy (ERT), may make it possible to delay onset of disease symptoms while offering other health benefits to menopausal and postmenopausal women. Other studies suggest that nonsteroidal anti-inflammatory drugs and vitamin E may offer some protection to nerve cells in the brain. The advantages of these treatments are that they are available now and the side effects are known and can be managed. As with taking any medication, you should first consult with your doctor.

More research is needed to determine whether these medications will prove to be effective treatments for Alzheimer's disease. But with your support, research will continue until this disease can be prevented.

Help is available. The Alzheimer's Association is dedicated to conquering Alzheimer's disease through research and to providing education and support to people with Alzheimer's disease and their families. To obtain the free brochure *Women and Alzheimer's Disease*, call 1-800-272-3900 or your local chapter or visit our web site: www.alz.org. Help is available for this serious health issue, so please call today. Do it for someone you love, do it for yourself.

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BEST Bette



Bette Midler comes clean about the surprising new passion that has changed her life

By Melina Gerosa



BETTE MIDLER is taking her act on the road. On this spectacularly sunny day, the actress escorts a clutch of well-heeled socialites to a place they have never been before: northern Manhattan's Highbridge Park, a onetime home to drug addicts and abandoned cars.

Today, thanks to an initiative launched by Midler, the garbage is gone. As the van turns into the park entrance, the passengers are met by double-flowering cherry trees and a team of groundskeepers busily weed-whacking away.

Bursting from the front seat, Midler runs up to a muddied worker in a Yankees cap and starts pumping his hand in gratitude. Squinting at the blond turbine in a black leather jacket, he asks tentatively, "And you would be . . . ?"

She would be the Divine Miss M. That's *M* as in makeover. The performer best known for her trashy sensibility—the outrageous bawdiness that propelled her from the gay bathhouses in Greenwich Village to Hollywood superstardom in films like *The Rose*, *Beaches* and *The First Wives Club*—turns out to have a low threshold for garbage. So four years ago, she started the New York Restoration Project, which has since hauled over eight thousand tons of trash out of parks in upper Manhattan, purchased small community gardens in low-income neighborhoods and launched a boat-building program for inner-city kids.

"In a funny way, I'm just a big housekeeper," says the fifty-three-year-old actress. "Martha Stewart has it to a much worse degree, but it's definitely a compulsion. It's my dictator gene—'Let's all live beautiful!'"

Later, as she lounges on the sofa in her posh Fifth Avenue apartment, it's easy to see how the groundskeeper failed to recognize the star. For although her name conjures up images of feather boas and sequined stilettos, these days Midler appears shockingly, well, conservative. Tonight her famous bosom is buttoned away beneath black designer layers, and even her mischievous jelly-bean eyes seem to be kept in check behind a pair of tortoiseshell Gucci glasses.

Puddles, her Jack Russell terrier, is chewing on a squeaky toy at her feet, while her fifty-year-old husband, Martin von Haselberg, *(continued)*



A FEW OF BETTE'S FAVORITE THINGS

Butterfly Bag
"Angela Amiri designed this bag. I love it. People on the street ask where I got it."

The Baffler
"I have a subscription to this magazine, which has a very odd take on things."

Puddles, the Dog
"I bought her for my daughter, but they didn't bond. So I take her everywhere."

My Stationery
"It's made from recycled paper, and has an oak tree on it, because I wanted to show an interest in nature."

Photo of My Mother
"I miss her every day."

Sunglasses
"I bought these in Montreal when I was shooting Isn't She Great."

Shoe
"These are my favorite platform shoes from 1972. Cher gave them to me."

(continued) putters around barefoot. Their daughter, Sophie, who's twelve, ambles into the room in mismatched pajamas and her wet hair twisted up in a towel, and politely croaks hello.

"She has a touch of laryngitis," explains Midler.

"I have to gargle with that stuff," says Sophie.

"I have another batch. It's a homeopathic recipe of honey, vinegar, red pepper and aspirin," says Midler.

"And no water!" adds Sophie.

"Did it work?" asks Midler.

"No!" says Sophie, and both mother and daughter laugh. "But I want some more."

"Don't you have some homework to do?" Midler says to her daughter, who rolls her eyes, giggles and leaves.

Motherhood, home life and "housekeeping" on a national level (Midler also is a sponsor of a program to clean up the Los Angeles and New York highways) have become the focus for the thirty-five year entertainment veteran. The shift started about five years ago, when Midler moved back to New York after the 1994 earthquake shattered the Los Angeles area. "My daughter's school was in the valley, just under these houses, and if the earthquake had happened during the day, and the houses had fallen on the school, she would've been killed," explains Midler. "We couldn't bear the thought. So we came here."

While the earthquake was the impetus, Midler admits to a more personal momentum. "I would not have come back if I felt that my work in L.A. was not done," says Midler. The ambition that propelled her from her home in Hawaii to the Broadway lights at the age of nineteen—and continued to push her to record seventeen albums, star in ten movies, and perform in countless stage shows—shifted into neutral when Midler assessed her life on her

BETTE'S CRASH DIET

HOW SHE LOST EIGHT POUNDS IN ONE MONTH

"I got frightened. Five pounds on me is a lot, it means that I can't wear anything. It means I have to face overalls again," says Midler. "So this is what I did."

1. "For one month, I didn't eat any carbs."
2. "I drank no wine or other alcohol. That's how I put weight on in the first place, drinking over the holidays."
3. "I bought this Spirutein powder, a high-protein supplement at the health-food store. I mix it with orange juice, ice and a couple of strawberries, and it is very filling."
4. "No Perrier or carbonated water. I don't have gas anymore, I'm not bloated, I'm not anything. I love it."

I should have been more like Roseanne," says Midler. "But I didn't want to be called a bitch"

ieth birthday. "I looked back and I said, *What happened?*" she recalls. "I realized that I had reached a certain amt. I have my husband, my daughter, and a pretty good reer. I felt that I didn't have to keep doing it in the same ay, because I did it. The compulsion is not the same n not so afraid that it's going to be taken away from e." Midler slips off one black Manolo Blahnik flat and okes Puddles with her toes. "I don't feel like I am on a ownward slope, I just feel like I'm not so *crucial*."

Midler's relationship with Hollywood is bittersweet, even by her own estimation. After her Oscar nominated erformance in *The Rose* in 1979, critics and fans alike xpected Midler's movie career to soar. However, her ext feature, the aptly titled *Jinxed*, not only tanked, but ook the star's chutzpah with it. "It really beat me into ubmission. I thought maybe they *are* right, maybe I don't ave what it takes," she says. "But in retrospect I should ave had more guts. I should have been more like Roseanne. Roseanne may have had a terrible reputation, ut she got her way. Her sitcom was the way that she anted it to be for years and years because she was a itch. But I didn't want to be called a bitch. I'm ashamed o admit it, because women looked up to me. They said bout me, 'You can do anything.'" She sighs. "Sometimes you can't do everything."

How did she get over the sting of failure? "I met my husband, I started working again, I had my daughter, and suddenly it really didn't mean so much to me," she says with a shrug. Ironically, marriage was never a priority for Midler. She met von Haselberg, an investor and performance artist, in a bar. They reconnected through mutual friends, started dating and got married within three months. What was the "Aha!" moment with von Haselberg that changed Midler's attitude about marriage at the age of thirty-nine? "It wasn't 'Aha,'" she corrects. "It was a 'Hmmmm.' Like, this could be interesting."

Midler's hunch paid off—the couple have been devoted to each other for almost fifteen years. The secret to their marital success is surprisingly old-fashioned. "A lot of sacrifice," she says. "You can't put yourself first. If you try, all you get is cranky, cranky family members." Family life revolves around routine. The trio eats breakfast and dinner together every day—"Martin cooks from scratch"—and the couple compete to see who can make their daughter laugh first. "Sophie is entering the Sullen Years, so there is a lot of wiggle-waggle, face pulling, and singing of stupid songs," says Midler, who claims that Sophie takes the Famous Mother thing in stride. "She can take me or leave me," she says. "She likes her people: J.F.C., Matt Damon, Adam Sandler."

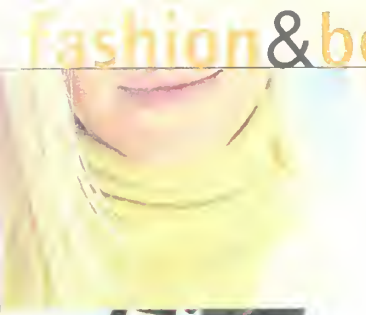
Midler is quite serious about raising Sophie with traditional values. Homework is a priority, and television is verboten with the exception of sports and old movies. When asked about instilling self-esteem in her daughter, Midler practically explodes. "Self-esteem is something you have to *earn*!" she sputters. "The only way to achieve self-esteem is to work hard. People have an obligation to live up to their potential."

The work ethic is an object lesson that Midler learned from her own parents, a housepainter for the Navy and a housewife, who moved from New Jersey to Hawaii in the thirties to raise their four kids. "We were really poor, and my mother made sacrifices that I can't even dream of making," says Midler. "My brother was mentally handicapped, and they raised him at home. That was a real struggle. They succeeded, but they sacrificed their entire life for it. When you have that example, you never really forget it."

These days Midler desperately misses her parents, who are both dead, and keeps their *(continued on page 223)*

"IN A FUNNY way I'm just a big housekeeper," says Midler. "Martha Stewart has it to a much worse degree, but it is definitely a compulsion"

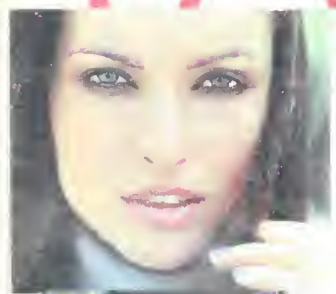








FALL '99 STY







There's a lot to **love** about this year's crop of fall clothes: Every piece shown here is long on **comfort**, high on **style**, with a streamlined silhouette that makes it easy to build a workable, **wearable** wardrobe with just a few new additions. The top picks? To warm up and look cool, a slimmed-down **quilted vest** or **fleecy poncho** . . . The basic **turtleneck** goes one better, colored bright and loaded with texture. Skirts flirt **below the knee,** and **jackets** get fit and trim and zipped up the middle . . . Create a **smoldering** look for eyes with shimmery gray eyeshadow and liner, and hang onto your summertime glow with **bronzing** makeup . . . The bag to tote is a go-everywhere, hold-everything **sling** . . . And finally, the **shoes we've all been waiting for**—they're easy on the feet, and great-looking, too. By Lois Joy Johnson



he poncho

Perfect for a brisk fall day, the hippie-inspired poncho is great to throw on over a sweater for both warmth and style. Make a break from basic black and pick one up in an autumn tone like paprika or olive—right, by J.G. Hook, polyfleece, $40. Sweater, Gap, $38; stretch-wool pants, Tailor New York, $158.

LE REPORT

turtleneck





zippered jacket

The comfortable ease of a cardigan, sporty details like a hood and zipper, and suitlike tailoring all add up to a stylish substitute for the single-breasted three-button blazer. Stretch-polyester jacket, right, XOXO, $42; cashmere sleeveless turtle, Finity Studio, $90; matte jersey skirt, Karen Kane, $58; velvet shoes, Liz Claiborne, $60.

If you buy only one new piece of clothing this season, make it a fuzzy turtleneck in a fun color like this one in yellow angora/lambswool (left) by Co-Op, $58. Flat-front khakis, Old Navy, $24.

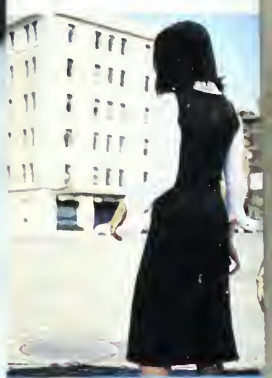
Making up is easy to do this season and it helps keep that summer glow going: Just dab a bronzer like L'Oréal Moon Gleam Quickstick in Tawny or Copper Gleam, or Ultima II Beautiful Nutrient Blush Stick in Warm Shimmer on center of eyelids, outer eye corners, and apples of your cheeks for a sun-kissed, natural look.

the longer skirt

Below-the-knee and slightly flared, this is a skirt (left) you can take full stride in. Are you a straight-cut, above-the-knee devotee? Not to worry; this skirt is fitted through the hips and paired with a body-conscious top to keep th look just as sexy-sleek. Skirt, Parallel, $166; stretch-cotton shirt, Ne Frontier, $86; wool vest, BCBG, $118; cK shoes, $9

A thin-quilted vest is the trendy topper for all your tailored basics. This one (top right, by Lerner New York, $39) reverses to gray polar fleece for double-duty wear. Turtle, United Colors of Benetto $68; wool-blend shell, $5 mules, Sam + Libby, $50.

For fall, eyes are going gray with cool shades of eyeshadow that's also used to line lids (right). Try Estée Lauder Two-in-One Eyeshadow Duo in Storm, and Revlon Wet/Dry Shadow in Thunder and Light Duo.









quilted vest



sling bag





comfy shoes

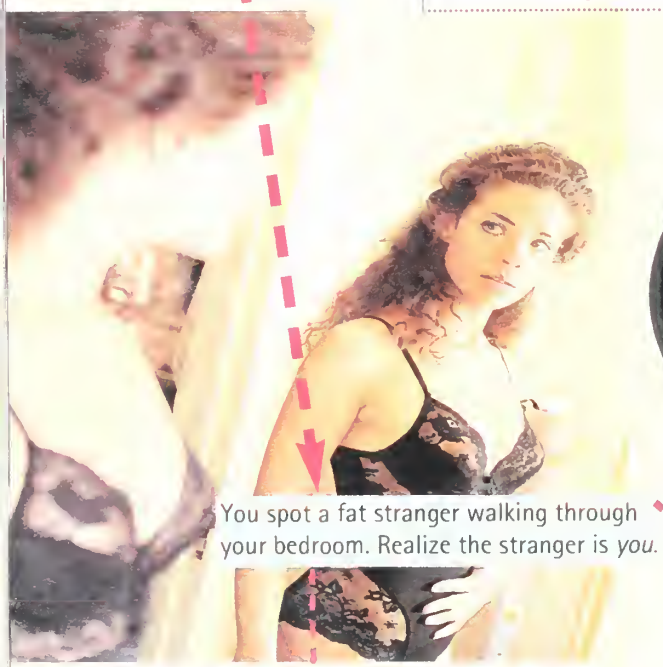
These are *not* your grandma's sensible shoes, but, dare we say, they *are* comfortable. Styles like these Mary Janes (right), by Banana Republic, $118, which combine the sole of a sneaker with the look of a loafer, are the perfect blend of fashion and function.

The accessory of the season is an easy-on-the-shoulder sling bag (left). With a ponyskin texture and envelope-flap closure, this one (BCBG, $140) mimics pricier styles seen on the runway. Turtle, Lizsport by Liz Claiborne, $49; skirt, XOXO Jeans, $44; boots, Anne Klein Collection, $225.

theWEIGHT

it sounds so simple: Eat less, work out more, and voilà you're skinny. But anyone who has tried to diet knows the weight-loss game is a tough one, full of traps, wrong turns and temptations. Which direction will you take to trim the pounds? And where will it get you? To find out, just play along. By Pamela Redmond Satran

START HERE



You spot a fat stranger walking through your bedroom. Realize the stranger is *you*.

You IMMEDIATELY go on a diet and join a gym.

After a week of starvation and str muscles, climb o t scale. Total weig loss: TWO OUNC



Burst into tears, whereupon spouse says what he really meant was…

yes

But you *couldn't* be fat! *Could* you? Ask spouse, who says…



no

yes

Ask five friends, who say…

no



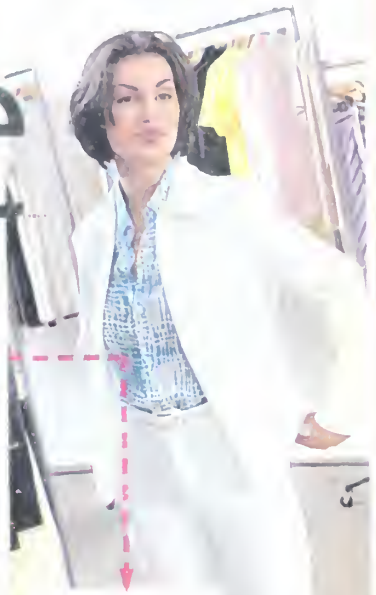
Replace bedroom mirror and shop for more flattering clothes.

LOSS game



Next trip to scale: You've lost FOUR pounds!

Celebrate with an extra carrot stick.

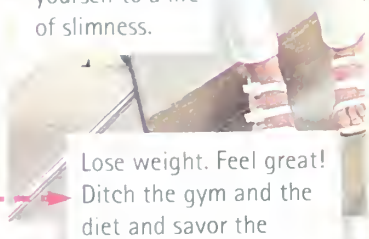


Lose weight. Feel great! Whip up some gazpacho, invest in spandex, and dedicate yourself to a life of slimness.

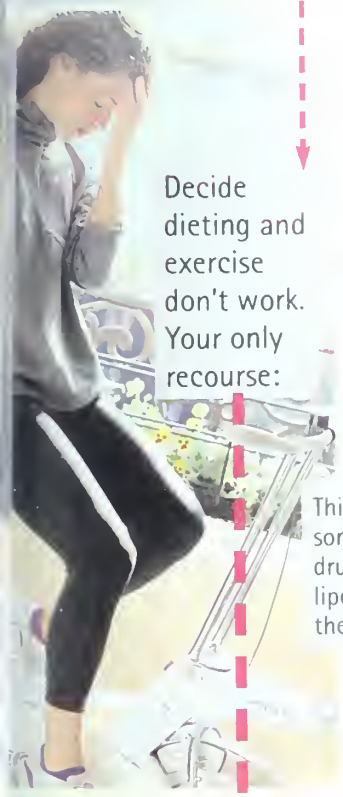


Celebrate with a HOT FUDGE SUNDAE.

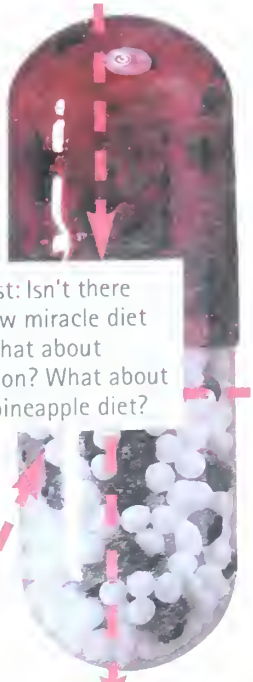
Feel guilty, but realize that was just one slip. Back in the saddle!



Lose weight. Feel great! Ditch the gym and the diet and savor the pleasure of being thin *and* eating chocolate—for a while, anyway.



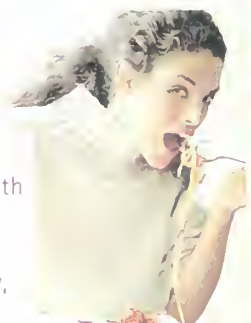
Decide dieting and exercise don't work. Your only recourse:



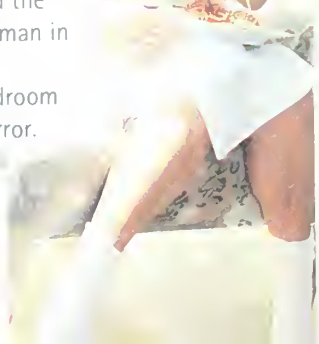
Think fast: Isn't there some new miracle diet drug? What about liposuction? What about the all-pineapple diet?

Realize how much you miss hot fudge. And cheeseburgers. Decide you've gone through enough.

The drugs make you crazy, liposuction's too expensive, and after two days of pineapple, all you can think of is hot fudge.



Make friends with your appetite, your body, and the woman in the bedroom mirror.



They're making some great plus-size clothes these days.

Discover you can no longer squeeze into most size 14s.

the KIT



IEN of the YEAR

It looks as great as it cooks, blending high-tech pro-style appliances with classic maple, cherry and marble. The designers of this Brentwood, California, kitchen got the recipe right, by creating a space that's a gourmet cook's delight

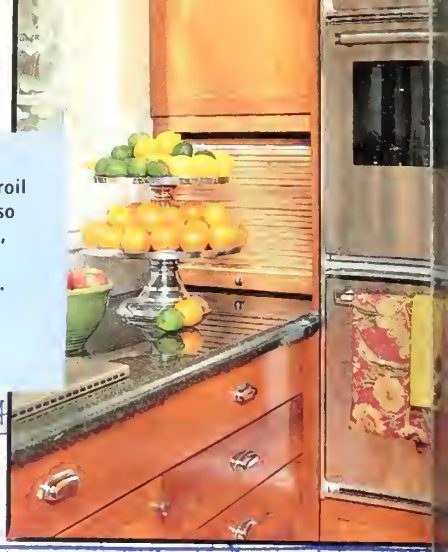
Produced by Kimberlie A. Waugh



GATHER ROUND Open and filled with light, this dream kitchen has generous counter space (including a big central island) and two of almost every appliance, including dishwasher, oven and fridge



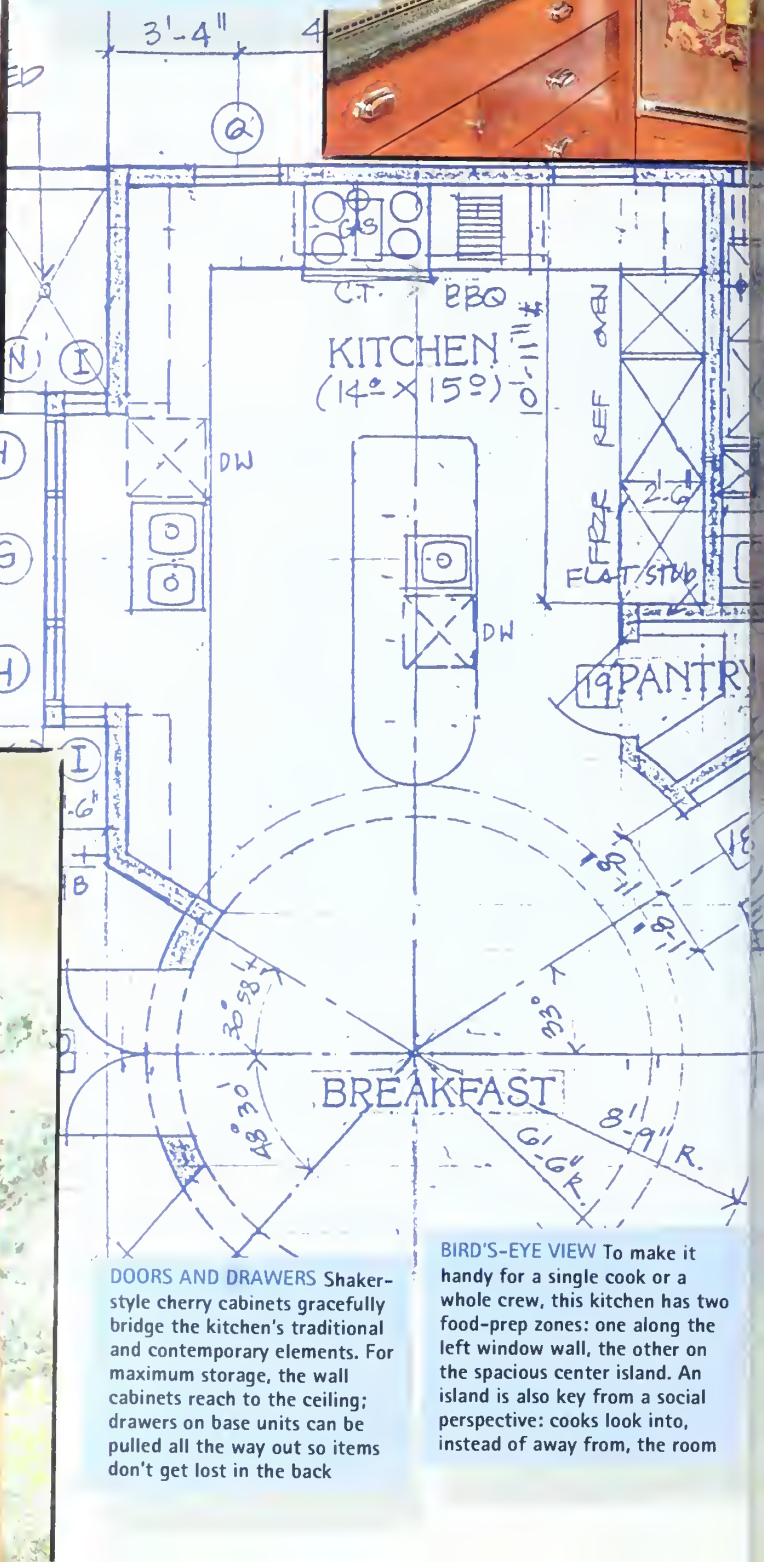
ON THE SURFACE Under-cabinet lighting fixtures (concealed by an apron on the lower shelf edge) cast a bright, even light on the task at hand, and bring out the grain of the granite countertop, which was chosen for its distinctive dark-green color. Granite is the ideal kitchen worksurface material because it is heat-resistant and hard—almost impossible to scratch or chip. Gray-veined white marble, elegant but too soft and porous for a busy work surface, was used as a contrasting, easy-clean backsplash



DOUBLE FEATURE The two Thermador ovens bake and broil the conventional way, but also function as convection ovens, which circulate heated air to cook food quickly and evenly. For when time's really short, the top oven works as a microwave, too



DOORS AND DRAWERS Shaker-style cherry cabinets gracefully bridge the kitchen's traditional and contemporary elements. For maximum storage, the wall cabinets reach to the ceiling; drawers on base units can be pulled all the way out so items don't get lost in the back



BIRD'S-EYE VIEW To make it handy for a single cook or a whole crew, this kitchen has two food-prep zones: one along the left window wall, the other on the spacious center island. An island is also key from a social perspective: cooks look into, instead of away from, the room

THE HOT SPOT With burners that fire up to 15,000 BTUs, the cooktop on this professional-style Viking gas range can heat an 8-quart pot of water to boiling in six minutes. But its finely calibrated controls rival those of a commercial stove, and can be set low enough to coddle a crème brûlée. The range also has a center griddle, continuous burner grates and a single oven (bringing the kitchen's total to three). A grill is built in to the adjacent countertop, and the dramatic hood whisks smoke and odors away

THE CHILL FACTOR What's a cook's kitchen without generous space to store the main ingredients? Two built-in Sub-Zero refrigerators, installed side by side, offer abundant room for fresh food as well as lots of freezer space. Because the fridge is on top and the freezer below, items used most often are at eye level. To soften the look of stainless steel, cherry panels matching the cabinets were made to fit the front of both units



The joy of cooking is easily realized in a kitchen with state-of-the-art appliances and cabinetry that looks like well-made furniture. Even cleanup is a pleasure!

Photos, Mark Lohman Designer, Cynth a Ma [illegible] Props from Sur la Table unless otherwise s[illegible] small electric appliances, K tchenAid, pots a[illegible] crock, The Empty Vase, cand es, goblets, p[illegible] rugs, Contempo Floor Covering Deta s, page [illegible]



Pardon me,

do you have what it takes to make potatoes like these?



Only if you have Grey Poupon.

Grey Poupon's unique blend of herbs, spices and white wine make even the ordinary extraordinary.

Herb-Roasted Potatoes Poupon

5 tbsp. Grey Poupon Dijon Mustard
2 tbsp. olive oil
1 clove garlic, chopped
1/2 tsp. Italian seasoning
6 medium red-skin potatoes (about 2 pounds), cut into chunks

Mix all ingredients except potatoes in small bowl. Place potatoes in lightly greased 13x9x2-inch baking pan or on shallow baking sheet; toss with mustard mixture. Bake at 425°F for 35 to 40 minutes or until potatoes are fork tender, stirring occasionally. Makes 4 servings.



Grey Poupon & potatoes. But of course.

Call 1-888-G-POUPON (1-888-476-8766) for a free recipe booklet.

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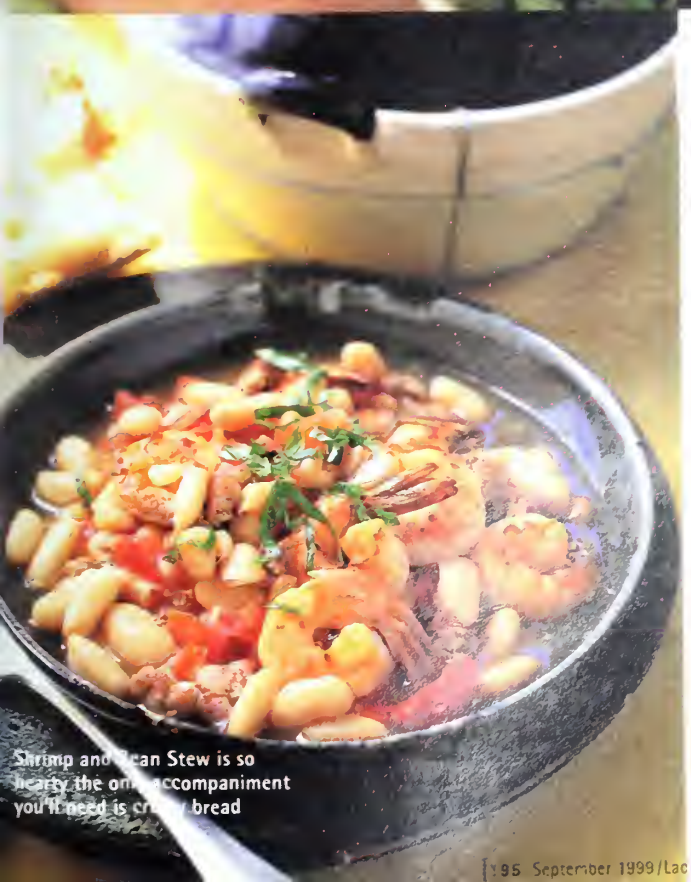
food journal



Simple Shrimp Curry gets its richness from coconut milk



Consider colorful Shrimp and Peppers for company



Shrimp and Bean Stew is so hearty the only accompaniment you'll need is crusty bread

SEPTEMBER'S MENU

Whip up one of these speedy, guaranteed-to-please **SHRIMP ENTRÉES** tonight. Or, with our authentic Southwest cookbook, you can make flavorful **TEX-MEX** fare at home. Now's the time to enjoy in-season **EGGPLANT** on the grill or bite into the perfect **BLT** with juicy, ripe tomatoes. Our guest chef this month serves up **NEW ENGLAND SEPTEMBER SOUP**. Plus, try our glorious French **APPLE TART,** and yummy fruit **SMOOTHIES**. Enjoy!

QUICK SHRIMP

SHRIMP AND PEPPERS

A trio of bell peppers, sautéed with hints of fresh thyme and garlic, perfectly complements the sweetness of the shrimp.

Prep time: 10 minutes. **Cooking time:** 20 minutes
EASY, LOW-CALORIE

3 tablespoons olive oil, divided
4 assorted bell peppers (red, yellow and green), cut into thin strips
2 teaspoons chopped fresh thyme or ½ teaspoon dried
1 teaspoon salt, divided
1 tablespoon chopped garlic
1¾ pounds medium shelled and deveined shrimp
¼ teaspoon freshly ground pepper
2 tablespoons flour
2 tablespoons fresh lemon juice

1. Heat 2 tablespoons oil in 12-inch nonstick skillet over medium-high heat; add peppers and cook 10 minutes. Add thyme and ½ teaspoon salt; cook 6 minutes more, until peppers are very tender. Stir in garlic; cook 30 seconds. Transfer to serving platter.
2. Sprinkle shrimp with remaining ½ teaspoon salt and pepper. Toss in bowl with flour. Heat remaining 1 tablespoon oil in same skillet over high heat. Add shrimp to skillet; cook 3 minutes, turning once. Sprinkle shrimp with lemon juice and serve immediately over peppers. Makes 4 servings.

PER SERVING: 280 calories, 12.5 g fat, 2 g saturated fat, 216 mg cholesterol, 795 mg sodium, 11 g carbohydrates, 36 g protein, 89 mg calcium, 1 g fiber

SIMPLE SHRIMP CURRY

Fastest Recipe of the Month

Enjoy this satisfying dish spiked with curry, coconut milk and ginger. Serve with plenty of rice to soak up every bit of the sauce. Use regular, not lite, coconut milk for the best results.

Prep time: 20 minutes. **Cooking time:** 6 minutes
EASY

2 large green onions
1 pound medium shelled and deveined shrimp
1 teaspoon salt, divided
⅛ teaspoon freshly ground pepper
2 tablespoons olive oil, divided
2 teaspoons grated fresh ginger
2 teaspoons curry powder
1 large (12 oz.) tomato, chopped
1 cup coconut milk
2 cups cooked rice

1. Cut off dark green tops from onions and thinly slice. Chop remaining white portion of onions; set both aside.
2. Sprinkle shrimp with ½ teaspoon salt and pepper. Heat 1 tablespoon oil in 12-inch skillet over high heat; add shrimp and cook 1 minute, turning once. Transfer to bowl.
3. Add remaining oil to skillet. Reduce heat; add chopped white onions, ginger and curry and cook, stirring, 1 minute. Add tomato; boil 3 minutes, until mixture has slightly thickened. Add coconut milk and remaining salt; boil 1 minute. Stir in shrimp. Divide shrimp and rice between four serving bowls. Sprinkle top of each serving with sliced green onion tops. Makes 4 servings.

PER SERVING: 420 calories, 20 g fat, 12 g saturated fat, 173 mg cholesterol, 766 mg sodium, 30 g carbohydrates, 27 g protein, 94 mg calcium, 2 g fiber



HOW TO BUTTERFLY SHRIMP

Try this simple trick that makes a finished presentation for grilled or broiled shrimp. Peel raw shrimp down to the next to last section before the tail. With a small, sharp knife, cut along the curved side of the shrimp nearly all the way through. Remove the vein; spread shrimp open. Cook as directed. (Note: Butterfly shrimp will cook about 30 seconds faster than whole shrimp.) For a video demonstration of deveining shrimp, plus other tips from our food pros, log onto LHJ Online at www.lhj.com/kitchen

SHRIMP AND BEAN STEW

This hearty Italian-influenced stew with sausage, white beans and garlic will become a quick-to-cook weeknight favorite. Be careful not to overcook the shrimp or it will become tough.

Prep time: 18 minutes. **Cooking time:** 10 to 11 minutes
EASY

1 pound medium shelled and deveined shrimp
¼ teaspoon salt
¼ teaspoon freshly ground pepper
1 tablespoon olive oil
¾ pound Italian sausage with casings removed, crumbled (about 3 sausages)
1 tablespoon chopped garlic
2 cans (15 to 19 oz. each) cannellini or small white beans, drained and rinsed twice
1 can (14½ oz.) chicken broth
1 medium tomato, diced
1 tablespoon thinly sliced fresh basil
French bread, optional

Sprinkle shrimp with salt and pepper. Heat oil in 12-inch nonstick skillet over high heat. Add shrimp and cook 1 minute per side. Transfer to bowl. Reduce heat to medium-high and add sausage; cook 3 to 4 minutes until browned. Add garlic; cook 30 seconds. Add beans and broth; bring to a boil. Add tomato and cook 5 minutes more. Return shrimp to skillet and stir in basil. Serve with bread, if desired. Makes 4 servings.

PER SERVING: 440 calories, 16.5 g fat, 4 g saturated fat, 194 mg cholesterol, 1259 mg sodium, 31 g carbohydrates, 41 g protein, 126 mg calcium, 10 g fiber

Recipes by Cynthia DePersio



Half the fun of our veggie burger is eating. The other half, tricking your husband.

It's a thrill, pulling the burger switch-a-roo on an unsuspecting family. Who can blame you? What they want to eat and what they're supposed to are rarely one in the same. We're out to change that. At Morningstar Farms, we make the foods you love meat-free. Breakfast Links. Chik Nuggets. Corn Dogs for the kids. And America's Original Veggie Burgers.* Made from wholesome grains and vegetable protein. They're one part healthy. One part fun. And altogether delicious. Look for them in your grocer's freezer if they're not already in your own.



Veggie burgers, hot dogs & more. Grill 'em. Serve 'em. Watch 'em disappear.

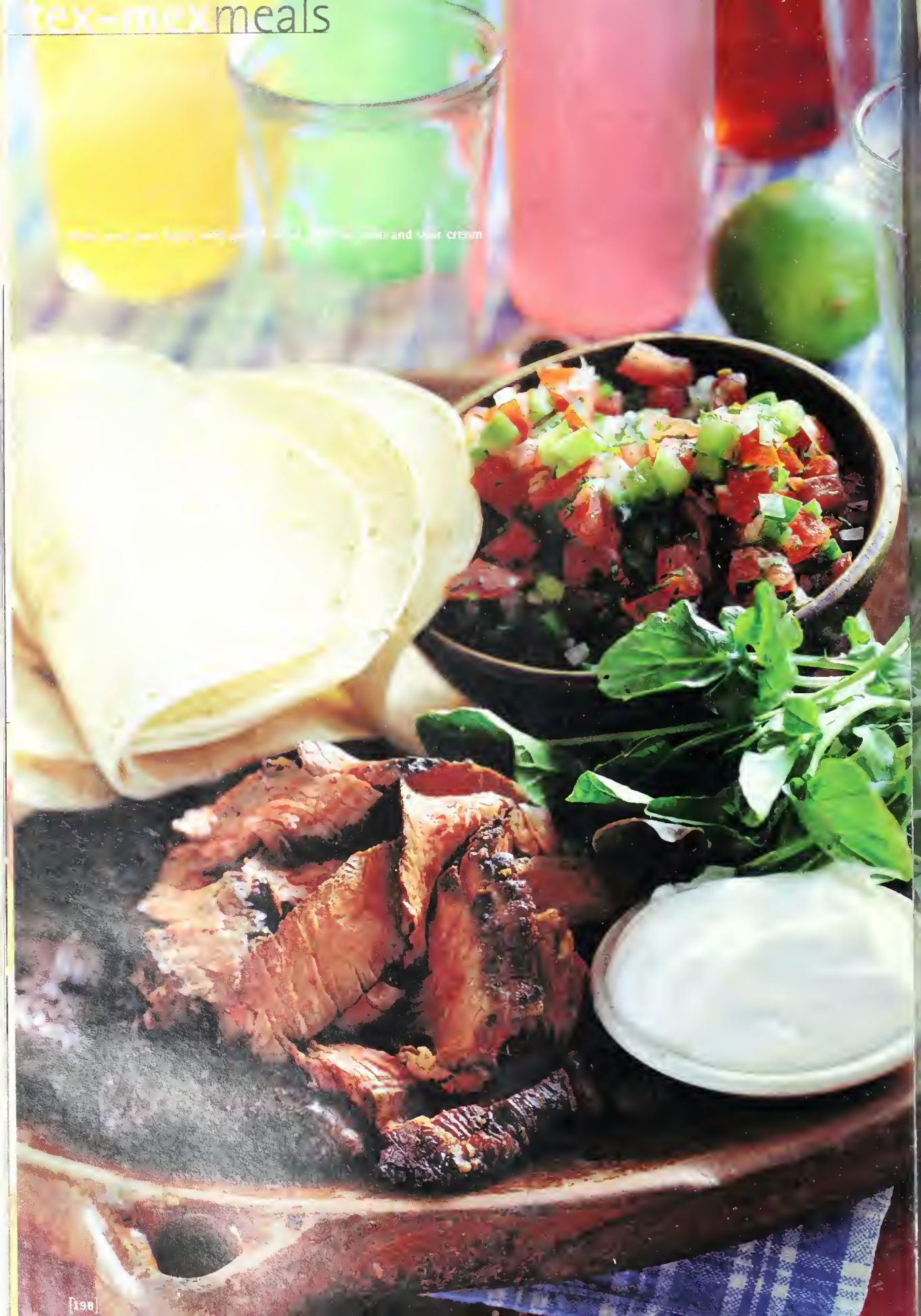


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Make your own fajita with guacamole, salsa, sour cream and your cream



Flan with a touch of cinnamon is a do-ahead treat



There's plenty of [illegible] corn in our seafood Tamales [illegible]

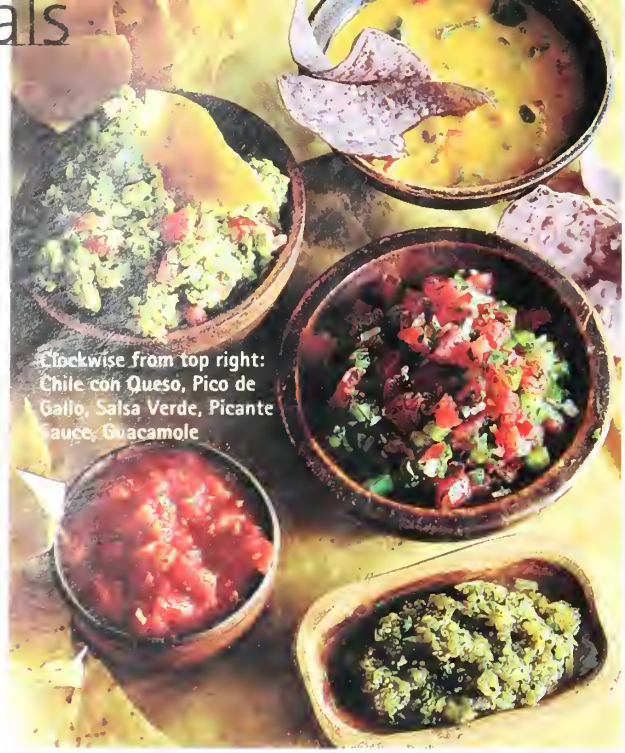
Make It TEX-MEX

Spice up dinnertime with the best from the Southwest. Our recipes for burritos, tacos, sizzling fajitas, and more make for delicious and fun meals the whole family will love

By Jan Turner Hazard



Cool down the fire with refreshing Jicama and Orange Salad



STEAK FAJITAS

Test Kitchen Favorite

This recipe pairs skirt steak (a flavorful, yet less tender cut of beef) with citrus, garlic and chile—all piled into a soft flour tortilla (available in the refrigerated section of the supermarket). The garnishes are up to you: We topped ours with pico de gallo (recipe below), but also try grilled onions and bell peppers.

Prep time: 15 minutes plus marinating
Grilling time: 8 to 10 minutes
EASY, LOW-CALORIE

Marinade
- 1 tablespoon grated orange peel
- 1 tablespoon grated lemon peel
- ¼ cup fresh orange juice
- ¼ cup fresh lemon juice
- 1 tablespoon chopped garlic
- 1 tablespoon ground chile de arbol* or chili powder
- ¼ teaspoon salt

2 pounds skirt or flank steak
6 soft flour tortillas, warmed
Pico de gallo (see below) and sour cream, for garnish

1. *Make marinade:* Combine all ingredients in a large shallow baking dish. Add steak, turning to coat. Cover and marinate steak in the refrigerator, 45 minutes.
2. Meanwhile, heat grill. Remove steak from refrigerator and stand at room temperature, 15 minutes. Remove steak from marinade and grill 5 minutes. Turn and grill steak 3 to 5 minutes more, or until instant-read thermometer inserted in center of steak reaches 135°F. for medium-rare. Transfer to cutting board and slice. Divide and fill warm tortillas with steak, pico de gallo and sour cream, if desired. Makes 6 servings.

*AVAILABLE FROM MO HOTTA-MO BETTA, 800-462-3220

PER SERVING: 370 calories, 16.5 g total fat, 6.5 g saturated fat, 75 mg cholesterol, 359 mg sodium, 21 g carbohydrates, 32 g protein, 57 mg calcium, 1 g fiber

CHEESE ENCHILADAS

Filled with Mexican Queso Blanco (a firm-textured mild fresh cheese) and slathered in red chile sauce (or "gravy," as they say in Texas), these are delicious and easy to make. You'll find soft corn tortillas in the refrigerated section of the supermarket.

Prep time: 1 hour plus standing
Baking time: 15 minutes
EASY

Red Chile Sauce/Gravy
- 1 teaspoon cumin
- 1 package (2 oz.) ancho chiles
- 1 tablespoon vegetable oil
- 1 cup chopped white onions
- 1 tablespoon chopped garlic
- 1 tablespoon chopped serrano or jalapeño chile
- ½ teaspoon Mexican oregano
- 2 cans (14½ oz. each) chicken broth
- ¼ cup brewed coffee
- ½ teaspoon salt
- 1 tablespoon masa harina (see "The Right Stuff," page 204)

8 soft corn tortillas, warmed
2 cups shredded Queso Blanco* or Monterey Jack cheese
⅓ cup thinly sliced white onion (optional)

1. *Make gravy:* Toast cumin in a large skillet over low heat until fragrant, 2 minutes. Transfer to cup; set aside. Add ancho chiles to skillet and heat over low heat until chiles become pliable and fragrant, 3 to 5 minutes. Transfer to large bowl and cover with hot tap water; let stand 15 minutes until very soft. Drain liquid from chiles. Discard stems and seeds; chop chiles.
2. Heat oil in a small Dutch oven or medium *(continued)*

SALSAS AND SAUCES

The centerpiece of a Tex-Mex fiesta is a bowl of chips and colorful salsas.

CHILE CON QUESO Everyone's crazy about this dip made with Anaheim chiles, which pack just the right amount of heat.

Heat *1 tablespoon oil* in saucepan over medium heat. Add *1 large Anaheim (New Mexico) chile, chopped, ½ cup minced onion,* and *1 small chopped tomato* and cook until softened, 5 minutes. Add *½ cup chicken broth* bring to a boil. Reduce heat to low. Stir in *1 package (16 oz.) shredded Monterey Jack and cheddar cheese* Stir until cheese melts. Serve immediately. Makes 1¾ cups.

SALSA VERDE There's no substitute for tomatillos (tohm-ah-TEE-ohs) in this lively salsa (see "The Right Stuff," page 204).

Heat broiler. Arrange *¾ pound fresh tomatillos, husks removed,* and *1* each *poblano and serrano chile* on foil-lined broiler pan. Broil, turning, 7 to 8 minutes, until charred. Wrap; let stand 10 minutes. Peel and seed chiles. Pulse tomatillos (or *1 can [11 oz.] tomatillos, rinsed and drained*), chiles, *1 teaspoon* each *minced garlic and salt (½ teaspoon salt for canned tomatillos)* and *¼ teaspoon sugar* in food processor, until chopped. Stir in *½ cup water, 2 tablespoons* each *chopped onion* and *cilantro.* Makes 1½ cups.

PICANTE SAUCE Picante (pee-KAHN-tay) in Spanish means spicy hot.

Cook *1 large clove garlic, unpeeled,* in skillet over medium heat, turning, until charred and soft, 12 to 15 minutes. Peel and mash. Bring garlic, *1 can (14.5 oz.) whole tomatoes in puree, ⅔ cup chopped onion, ¼ cup white-wine vinegar, 2 tablespoons chopped jolopeño, ½ teaspoon salt* and *¼ teaspoon sugar* in saucepan to a boil, stirring to break up tomatoes. Simmer 10 minutes. Cool. Add *2 tablespoons chopped cilantro.* Makes 2 cups.

PICO DE GALLO (PEE-koh day GI-yoh), an uncooked tomato salsa that's great to make right now, while fresh tomatoes are still in season.

Combine *½ pound fresh diced tomatoes, 1 green bell pepper diced, ⅓ cup chopped cilantro, ¼ cup finely chopped white onion, 2 jolopeño chiles, finely chopped, 2 tablespoons fresh lime juice* and *¼ teaspoon salt* in bowl. Refrigerate until chilled. Makes 2¼ cups.

GUACAMOLE This is our best guacamole.

Rinse *⅓ cup minced fresh onion* in sieve under cold water; drain. Mash *2 ripe avocados, pitted and peeled* in bowl. Add *1 diced tomato, 2 tablespoons fresh lime juice, 1 tablespoon chopped cilantro, 1½ teaspoons minced serrano chile, 1 teaspoon minced garlic, ½ teaspoon salt* and *¼ teaspoon oregano, crushed.* Makes 2 cups.

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ORIGINAL RANCH® BROILED CHICKEN

Ingredients

1 packet (1 oz.) Hidden Valley® Original Ranch® Dressing Mix
2 Tbsp. olive oil
1 Tbsp. red wine vinegar
1 pound boneless skinless chicken breasts and/or thighs

Directions

Combine dressing mix, oil and vinegar in a plastic bag.
Add chicken; shake, working mixture into meat.
Marinate 1 hour.
Broil chicken approx. 10–14 minutes total, turning once.
Makes 4 servings.

For more delicious recipes from Hidden Valley® call 1-800-723-2343.



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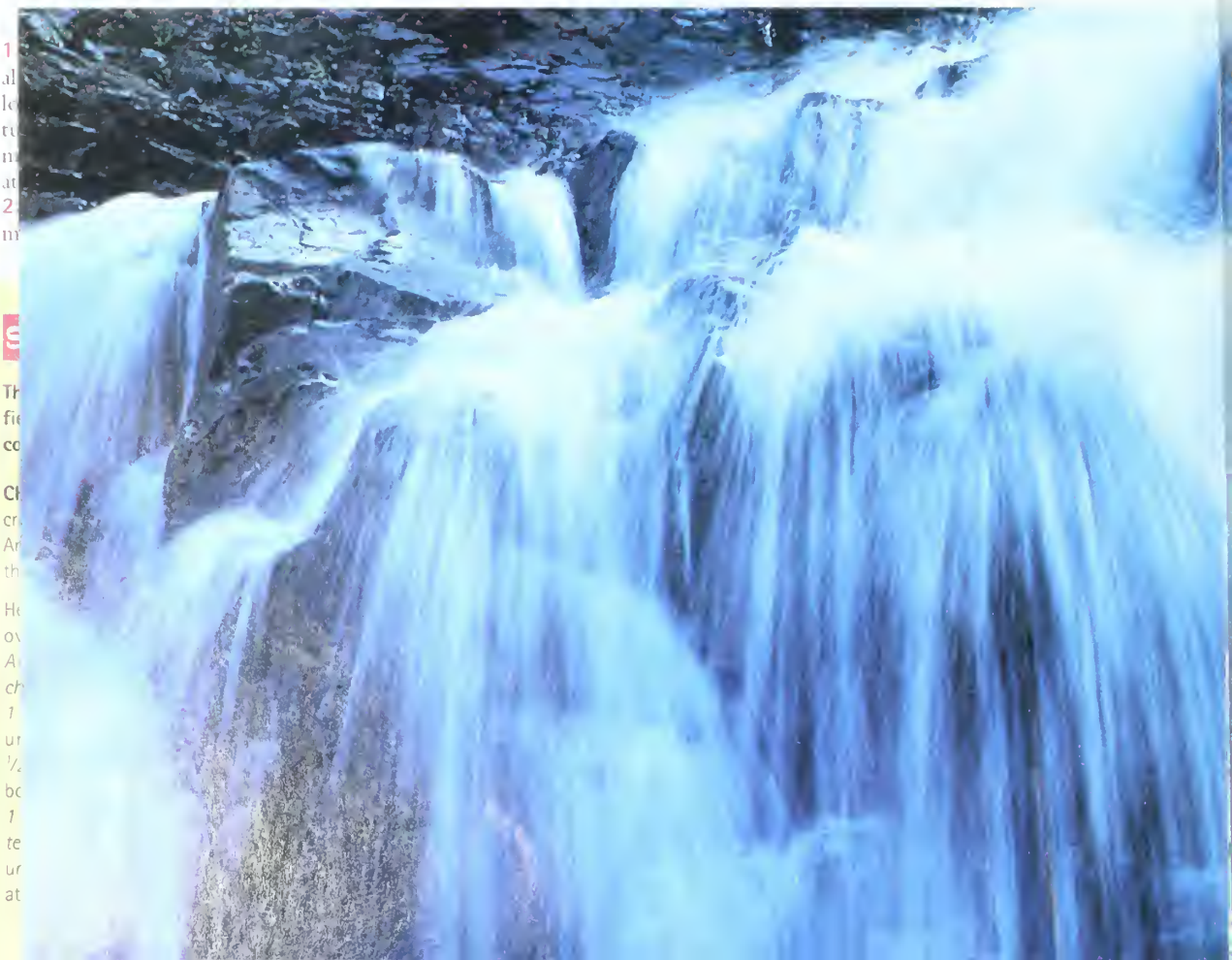
Reader's Digest

Help Brita Make a Differen

Plastic bottles, food wrappers, garbage bags, cigarette butts, paper cups..lot what you think of when you picture a beautiful day at the beach. However, cast over the world that were once clean and beautiful are being harmed b lit pollution. But there is hope—a very special initiative to help maintain thente these natural treasures.

For more than 13 years, the Center for Marine Conservation (CMC) has been gh growing problem of marine waste through its annual International Coasta the world's largest volunteer event for the marine environment. The ac a huge undertaking, involving hundreds of thousands of volunteers nationwide and in more than 50 countries. Volunteers work together with local organizations to rid oceans, lakes and rivers of harmful garbage and debris. When you volunteer, your efforts will not only help to restore and maintain the beauty of coastlines around the world, but will also assist in the gathering of valuable information to identify the sources of marine debris.





year, the International Coastal Cleanup will be held on Saturday, ember 18, 1999. And for the third year in a row, [redacted] ucts Company, the leading manufacturer of quality water ion products, is proud to be a sponsor of the cleanup. In ion to funding a national advertising campaign to heighten eness of this effort, Brita is also offering a free water filtration er as a thank you to all volunteers in the United States for their ts. The pitcher's advanced filtration technology eliminates of lead and reduces chlorine, bad taste and odor, copper mercury, and water hardness* at a fraction of the cost of ed water.

September, Brita invites you to join the fight to help keep coastlines clean, beautiful and debris-free. For information on you can become a part of the International Coastal Cleanup, 1-800-CMC-BEACH. Sign up to make a difference for marine servation today—and help save our coastlines for tomorrow.

ontaminants or other substances removed or reduced by this water treatment device are not arily in all users' water.

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Carolyn

Ditto.



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ntinued)

ucepan over medium heat dd cumin with onions, garlic, rrano and oregano and cook ntil vegetables soften, 5 minutes. Stir in chopped ancho nles, broth, coffee and salt. ring mixture to boil; sprinkle masa harina. Reduce heat to edium-low and simmer mixre, partially covered, 1 hour. ransfer mixture to blender nd puree. Return gravy to Dutch oven and keep warm on ow heat. Makes 3 cups. *(Can e made ahead. Cool. Cover and frigerate up to 2 days. Reheat in saucepan to a simmer.)*

1. Heat oven to 350°F.
2. Wrap warm tortillas in foil. spoon 1 cup warm gravy into he bottom of a 13x9-inch baking dish. Place ¼ cup heese in center of one warm ortilla and roll up (keep remaining tortillas wrapped).

Place enchiladas seam side down in prepared dish. Repeat with remaining tortillas and cheese. Pour remaining 2 cups gravy over enchiladas. Cover dish with foil; bake until cheese has melted and gravy is hot, about 15 minutes. Garnish top with onion if desired. Serve immediately. Makes 4 servings.

*Available in most Hispanic markets.

PER SERVING: [illegible]

TAMALES

Our shrimp and poblano chile tamales are wonderful party fare because they freeze so well. Plus, we add Mexican Chihuahua cheese, a buttery semisoft cheese that melts beautifully, to the filling. Dried corn husks are the traditional wrapping, but you can also wrap the tamales in foil.

Prep time: 1 hour
Cooking time: 40 to 45 minutes
MODERATE, LOW-CALORIE

28 dried corn husks (3 to 4 oz.) or fourteen 9-inch pieces of foil*
1 cup chicken broth
½ cup canned cream-style corn
½ cup milk
2 cups masa harina (see "The Right Stuff," page 204)

1. Cover corn husks with hot tap water in shallow baking dish (photo 1 below).
2. Bring chicken broth, creamed corn and milk just to a boil in small saucepan over medium heat. Gradually add broth mixture to masa harina in medium bowl, stirring with wooden spoon, until well blended; cool.
3. Heat broiler. Line a broiler pan with foil. Arrange poblanos and bell pepper on prepared pan and broil 4 inches from heat 10 to 15 minutes, turning peppers until skins are evenly charred. Wrap in foil and let stand 15 minutes. Peel, seed and dice peppers; transfer to medium bowl.
4. Heat oil in large skillet over medium-high heat. Add onions and cook 2 to 3 minutes. Add [illegible] and cook 1 minute more. Cool; then combine with peppers and [illegible] shrimp.
5. Beat lard, baking powder, salt and sugar in large mixer bowl until smooth. Gradually beat in masa harina mixture by spoonfuls, beating well after each addition. Continue to beat 5 to 8 minutes more, until mixture is light and fluffy. Stir in shrimp mixture and cheese (mixture will be stiff).
6. Drain and rinse corn husks, keep covered with damp towel (or follow foil directions below). Flatten one husk on work surface, overlapping two husks if small. Spoon ¼ cup filling in center of husk. Spread into a 3-inch log (photo 2 below). Roll up lengthwise. Secure each end with string (photo 3 below). Repeat with remaining husks and filling. *To prepare tamales with foil:* Cut each foil piece in half to make two 6x9 inch rectangles. Spread ¼ cup filling in center of each rectangle. Fold all sides in to form 2x3 inch packets. *(Can be made ahead. Place tamales in resealable plastic storage bags and freeze up to 1 month.)*
7. Place steamer rack in Dutch oven over 1 inch of water. Arrange tamales (unthawed if frozen) in rack. Cover; bring to a boil. Reduce heat to low and steam 30 minutes. Makes 28 tamales.

*Available in most Hispanic markets.
**Available from Mozzarella Company, 800-798-2814.

PER TAMALE: [illegible]

HOW TO TAMALES

Shaping tamales is a breeze. (Dried corn husks are available from Kitchen Market, 888-468-4433, and Mo Hotta–Mo Betta, 800-462-3220.)

STEP 1. Soak corn husks in hot water, turning occasionally, until softened, about 30 minutes.

STEP 2. Drain husks. Spoon ¼ cup of filling down center of each; spread into a 3-inch log.

STEP 3. Roll up each husk lengthwise and tie both ends with thin strip of husk or string.



SOFT TACOS WITH PORK

Not all tacos go crunch! Soft tacos like these use steamed soft flour or corn tortillas. They can be topped or rolled with a variety of fillings, such as tinga—a mixture of diced pork with chipotle chiles, onion and tomatoes. We added mushrooms, zucchini and Mexican *(continued)*

MAKE IT TEX-MEX

(...)

...Queso Fresco (a mild fresh white cheese) ... filling

Prep time: 30 minutes
Cooking time: 22 to 25 minutes
EASY, LOW-CALORIE

Roasted tomatoes
- 3 small tomatoes, cored
- 2 large garlic cloves, unpeeled
- 1 canned chipotle in adobo sauce (see "The Right Stuff," page 204)

- ... tablespoons olive oil, divided
- ... pound boneless pork loin, diced
- ... ounces mushrooms, chopped
- 1 medium onion, chopped
- 2 medium (1½ lb.) zucchini, diced
- ½ teaspoon salt
- ½ teaspoon Mexican oregano
- ½ teaspoon cumin seed, crushed
- ½ cup crumbled Queso Fresco* or mild feta cheese
- 12 soft corn tortillas, warmed

1. *Make roasted tomatoes.* Heat broiler. Line a jelly-roll pan with foil. Broil tomatoes and garlic 6 to 8 minutes, turning once, until charred. Cool. Peel tomatoes and garlic; pulse in blender with chipotle until almost smooth.
2. Heat 1 tablespoon oil in 12 inch nonstick skillet over high heat. Add pork; cook 1½ minutes, stirring once, until brown. Transfer to medium bowl. Add



1 tablespoon oil to skillet. Add mushrooms and onion and cook 8 minutes, stirring occasionally, until browned. Add zucchini, salt, oregano and cumin; cook 3 to 4 minutes more, until zucchini is tender. Add to bowl.
3. Reduce heat to medium-high and heat remaining 1 tablespoon oil. Add roasted tomatoes; cook 2 minutes, just until thickened. Add pork mixture to tomatoes and cook 1 minute more, until heated through. Stir in cheese. Fill each tortilla with a generous ¼ cup filling and roll up. Makes 12 soft tacos.

*AVAILABLE FROM MOZZARELLA COMPANY, 800-798-2954

PER SERVING: 240 calories, 11 g total fat, 3 ... fat, 21 mg cholesterol, 379 mg sodium, 25 ... drates, 11 g protein, 87 mg calcium, 2 g fiber

BEEF AND CHORIZO BURRITOS

Call the burrito (a soft flour tortilla ... and rolled to enclose a savory fill... original Tex-Mex wrap sandwich. ... ing pairs ground beef with chorizo ... EE-zoh), a garlicky Mexican sausage ... with pork and flavored with herbs ... and chiles, available fresh or smoked.

Prep time: 30 minutes
Cooking time: 18 to 24 minutes
EASY

- ¼ pound lean ground beef
- ½ pound fresh or smoked chorizo, diced
- 2 small Anaheim (New Mexico) chiles, seeded, chopped
- 1 medium onion, chopped
- 1½ teaspoons olive oil
- ½ pound potatoes, diced
- 2 garlic cloves, finely chopped
- 3 plum tomatoes, diced
- ½ teaspoon Mexican oregano, crumbled
- ¼ teaspoon salt
- 4 burrito-size soft flour tortillas, warmed
- Salsa verde (page 200) and sour cream (optional)

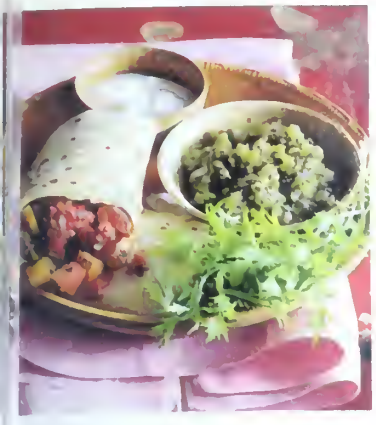
1. Heat 12-inch nonstick skillet ... medium-high heat. Add beef and ...

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3 to 4 minutes, until beef is no pink. Transfer with slotted spoon to an bowl.

am all but 1 tablespoon drippings skillet. Add chiles, onion and oil, 3 minutes. Add potatoes, continue ng 4 to 5 minutes, until potatoes start own. Reduce heat to medium and about 4 minutes, until potatoes are r. Add garlic and cook 30 seconds, tomatoes, oregano and salt. Cook 3 to utes more, until thick.

eturn beef mixture to skillet and heat gh, 1 to 2 minutes more. Divide and filling down center of each tortilla. in sides and roll up. Serve burritos salsa verde and sour cream, if desired. es 4 burritos.

PER SERVING

Total prep time:
EASY

Place onion in sieve and rinse under cold water, drain, pat dry and transfer to a large serving bowl. Stir in remaining ingredients and toss until well combined. Sprinkle with cilantro, if desired. Makes 3 cups.

PER ½ CUP:



Beans are a part of everyday eating in the Southwest. Frijoles, free HOH lest are served either soupy in broth or mashed and fried *(refried beans)*. This mouthwatering recipe with pinto beans features both versions. Tip: If you want the beans extra spicy, do not remove the seeds from the chiles.

Prep time:
Cooking time:
EASY

(continued)



- [illegible] a pepper chile, [illegible] chopped
- 4 tablespoons finely chopped garlic
- [illegible] cups water
- 1 teaspoon cumin seed
- 2 teaspoons salt

1. Soak beans according to package directions; drain.
2. Heat oil in Dutch oven over medium-high heat. Add salt pork; cook 2 minutes, until browned. Reduce heat to medium; add onions and chile and cook 4 minutes. Add garlic and cook 1 minute. Add drained beans, water and cumin seed. Bring to a boil; reduce heat to medium-low, cover and simmer 30 minutes. Add salt and continue to cook 25 to 35 minutes more, until tender. *(Can be made ahead. Cool. Transfer to large microwaveproof container. Cover and refrigerate overnight. To reheat: Microwave on High 10 minutes, stirring once after 5 minutes, until heated through.)* Makes 7 cups.

Refried beans (frijoles refritos): Heat *1 tablespoon olive oil or lard* in large skillet over medium-high heat. Add *1/2 cup finely chopped onion* and cook 2 to 3 minutes, until browned. Add *2 teaspoons finely chopped garlic* and cook 30 seconds. Add *2 cups cooked beans* and *1/4 to 1/2 cup bean liquid* to skillet. (Or, microwave *2 cups refrigerated beans* and *1/4 to 1/2 cup bean liquid* on High, 2 to 3 minutes, until room temperature, and add to skillet.) Mash beans and liquid coarsely with back of wooden spoon or potato masher. Cook 1 to 2 minutes more, until heated through, adding more bean liquid or water if needed. Transfer beans to a food processor. Process just until smooth. Makes 2 cups (4 servings).

PER 1 3/4-CUP SERVING FOR FRIJOLES: 460 calories, 20 g total fat, 6.5 g saturated fat, 17 mg cholesterol, 1,337 mg sodium, 55 g carbohydrates, 18 g protein, 110 mg calcium, 10 g fiber

PER 1/2-CUP SERVING FOR REFRIED: 225 calories, 11 g total fat, 3 g saturated fat, 7 mg cholesterol, 536 mg sodium, 24 g carbohydrates, 8 g protein, 51 mg calcium, 5 g fiber

CHOCOLATE SHEET CAKE

A rich, fudgy one-layer cake from deep in the heart of Texas. For a twist, the frosting features Mexican Ibarra chocolate, which is flavored with almonds and cinnamon.

Prep time: 20 minutes
Baking time: 40 minutes
EASY, MICROWAVE USED

- 2 cups all-purpose flour
- 2 cups sugar
- 1 teaspoon baking soda
- 1/2 teaspoon baking powder
- 1/2 teaspoon salt
- 3/4 cup unsweetened cocoa



- 1 cup boiling water
- 2 large eggs
- 1 cup buttermilk
- 1 teaspoon vanilla extract
- 1 cup butter or margarine, melted and cooled

Frosting
- 1 1/2 disks (4 1/2 oz.) Ibarra chocolate (Mexican chocolate)*, or 4 1/2 squares (4 1/2 oz.) semisweet chocolate and 3/4 teaspoon cinnamon, finely chopped
- 1/2 cup butter or margarine, cut up
- 1/2 cup heavy or whipping cream
- 3/4 cup pecans, toasted and chopped

1. Heat oven to 350°F. Grease a 13x9-inch baking pan. Line bottom with waxed paper; grease and flour paper.
2. Whisk together flour, sugar, baking soda, baking powder and salt in large bowl. Whisk cocoa and boiling water in medium bowl until smooth. Stir cocoa into dry ingredients with a rubber spatula. (Mixture will be dry.) Whisk eggs, buttermilk, vanilla and butter in medium bowl. Whisk buttermilk mixture into cocoa mixture, until smooth. Pour batter into prepared pan. Bake 40 minutes, until a toothpick inserted in center of cake comes out clean.
3. *Make frosting:* Meanwhile, place Ibarra chocolate (or semisweet chocolate and cinnamon) and butter in medium microwaveproof bowl. Cover bowl with plastic wrap, turning back one section to vent. Microwave on High 1 1/2 minutes, until chocolate is melted; stir until smooth. Add cream. Cover and microwave 1 1/2 minutes more, just until cream is hot. Stir until frosting is completely smooth and shiny.
4. Cool cake in pan on wire rack 5 minutes. Pour frosting evenly over hot cake. Sprinkle pecans over top. Cool cake completely. Makes 12 servings.

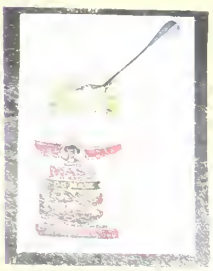
*AVAILABLE IN MOST HISPANIC SUPERMARKETS

PER SERVING: 575 calories, 35 g total fat, 18 g saturated fat, 112 mg cholesterol, 494 mg sodium, 64 g carbohydrates, 6 g protein, 65 mg calcium, 3 g fiber

(continued)

THE RIGHT STUFF

Going Tex-Mex means having the proper ingredients on hand. Each of these common foods can be found in the international section of the supermarket or at Hispanic-food specialty stores.



MASA HARINA A variety of flour made from specially processed corn. Used in tamales or to thicken sauces.



MEXICAN CINNAMON STICKS ("CANELA") Similar to regular cinnamon, but softer and less sweet.



CHIPOTLE IN ADOBO SAUCE Smoked jalapeño chiles pickled, then canned in tomato sauce with onions and garlic.



TOMATILLO Mexican green tomatoes covered with papery skins. Hint of lemon, apple and herbs.



JICAMA A root vegetable. Its crunchy white flesh has a light, sweet apple flavor.



CHILE POBLANO Mild to medium-hot fresh chile. Popular for stuffing; usually roasted.


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Flan

This classic baked custard with caramel topping is luxuriously rich. A stick of Mexican cinnamon gives this dessert special flavor.

Prep time: 20 minutes plus chilling
Baking time: 60 to 65 minutes
MODERATE

1 1/4 cups sugar, divided
1 1/2 cups milk
1/2 cup heavy or whipping cream
1 Mexican cinnamon stick (canela) (see "The Right Stuff," page 204) or 1 cinnamon stick
4 large eggs
1 teaspoon vanilla extract
Pinch salt

1. Heat oven to 325°F.
2. Melt 1/2 cup sugar in small saucepan over medium heat, swirling pan occasionally, until sugar becomes amber in color, 10 minutes (do not stir). Pour caramel into the bottom of a 5-cup soufflé dish.
3. Bring milk, cream, remaining 3/4 cup sugar and cinnamon stick to boil in small saucepan over medium heat. Remove from heat; cover and let stand 10 minutes.
4. Meanwhile, whisk together eggs, vanilla and salt in large bowl. Strain milk mixture through a sieve into eggs; whisk to combine. Discard cinnamon stick. Strain mixture again into prepared dish. Place dish in a roasting pan, making sure there is at least one inch of space between the edge of the dish and pan. Add enough hot water to roasting pan to come halfway up side of dish.
5. Bake until custard is just set, 60 to 65 minutes (mixture will jiggle slightly, but that's okay). Remove flan from oven. Let flan cool in hot-water bath 15 minutes. Remove dish from water bath and cool completely on wire rack. Cover with plastic wrap and refrigerate overnight.
6. *To serve:* Run a knife around edge of baking dish. Place a serving plate slightly larger than dish on top. Invert flan onto plate. Makes 8 servings.

PER SERVING: 240 calories, 9.5 g total fat, 5 g saturated fat, 133 mg cholesterol, 77 mg sodium, 34 g carbohydrates, 5 g protein, 78 mg calcium, 0 g fiber



SANGRIA

No Tex-Mex feast would be complete without a pitcher of this traditional red wine thirst quencher with citrus.

Total prep time: 15 minutes plus chilling

1 bottle (750 ml.) dry red wine (such as a hearty Burgundy)
1 cup fresh orange juice
1/2 cup fresh lime juice
1/2 cup superfine sugar
1/4 cup Triple Sec (orange-flavored liqueur)
2 oranges, sliced
2 limes, sliced

Combine all ingredients except sliced fruit in a large bowl or pitcher. Cover and refrigerate until well chilled, about 2 hours. Fill a large pitcher with ice; add sliced fruit, then pour in sangria over fruit and ice. Makes 5 cups without ice.

PER 1-CUP SERVING: 280 calories, .5 g total fat, 0 g saturated fat, 0 mg cholesterol, 10 mg sodium, 46 g carbohydrates, 2 g protein, 73 mg calcium, 1 g fiber

Recipes by Jane Yagoda Goodman and Cynthia DePersio

YOU ASKED FOR IT! Is chicken always a winner for dinner, but you're bored with your same old recipes? Does your husband love beef, but you're tired of serving up burgers just because they're quick? Tell us about your dinnertime dilemmas and what kind of main dish recipes would rescue you and your taste buds. In a future issue of LHJ, we'll feature a reader requested menu plan to make your time spent in the kitchen short yet productive, foolproof yet fun. Send us your requests by October 31, 1999, to *Ladies' Home Journal*, Recipe Requests, 125 Park Avenue, New York, NY 10017.

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JOURNAL SHOPPING CENTER

From "Home News," page 166

On bed: breakfast pillow, neckroll, floral and white eyelet shams, Cuddledown of Maine, 800-323-6793; matelasse squares, green pillowcases, The Company Store, 800-285-3696. Pillows, from top to bottom: anti-snore pillow, 100% cotton pillow, Cuddledown of Maine; Dacron Relief antibacterial pillow, Comforel Ultra pillow, DuPont Sleep Products, 800-441-7515; in front: support pillow, Cuddledown of Maine. Details: daisy embroidered pillowcase, pique quilted button-closure pillow, quilted matelasse shams, Cuddledown of Maine; fringed pillow, cord and tassel pillow, scallop embroidered sheets, Martex-Westpoint Stevens, 800-533-8229; ruffled matelasse shams, The Company Store.

From "The Kitchen of the Year," pages 190–193

All photos, Mark Lohman, designer, Cynthia Marks Interiors, 310-391-6190. Throughout the kitchen, unless otherwise specified: kitchen props, Sur La Table, 310-395-0390; copper mixer and small electric appliances, KitchenAid, 800-422-1230; pots and pans, All-Clad, 800-255-2523; utensil crock, The Empty Vase, 310-278-1988; candles, goblet, bee skip, Pottery Barn, 800-922-9934; area rugs, Contempo Floor Covering, 310-837-8110.

New Bush's Barbecue Baked Beans



Try Bush's new Barbecue Baked Beans. They're slow simmered in herbs and spices until they're just dripping with authentic barbecue flavor. The recipe is a closely guarded family secret. And it's going to stay that way. Right, Duke? Duke?



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Oh So SMOOTH

With every sip of these super-thick coolers you'll get an energizing boost of good-for-you fruit and a refreshing taste treat

Smoothies pack a lot of good things into just a single glass: the natural sweetness and vitamins of juicy, ripe fruit, and the creaminess of a milk shake—without adding extra fat and calories. And, just one glass of any of our smoothies counts for two of your daily servings of fruit.

STRAWBERRY-APPLE SMOOTHIE

A combination of frozen strawberries, low-fat strawberry yogurt and a sweet apple makes this a favorite for all age groups.

Total prep time: 10 minutes

[illegible] strawberry low-fat yogurt
[illegible] oz. frozen strawberries
[illegible] or Golden Delicious apple, peeled, cored and cut up
[illegible] tablespoon sugar
Ice cubes

Puree yogurt, strawberries, apple and sugar in blender on high speed. With machine running, add ice through feed tube one cube at a time, until mixture is thick and smooth. Makes 3 cups.

PER 1-CUP SERVING: 135 calories, 1 g total fat, 1 g saturated fat, 3 mg cholesterol, 44 mg sodium, 29 g carbohydrates, 4 g protein, 125 mg calcium, 3 g fiber

NECTARINE-ORANGE SMOOTHIE

Protein-rich soy milk provides the base for this vitamin-packed drink. A cup of orange juice balances out the wonderful sweet flavor of the fresh nectarines.

Total prep time: 15 minutes
EASY

½ pound fresh nectarines or peaches, peeled and cut up
1 cup soy milk, chilled
½ cup orange juice
1 tablespoon sugar
Ice cubes
Sliced nectarines or peaches and mint sprigs, for garnish

Puree nectarines, soy milk, juice and sugar in blender. Blend until mixture is thick and smooth. Serve over ice. Garnish with sliced nectarines and mint sprigs, if desired. Makes 2½ cups.

PER 1¼-CUP SERVING: 160 calories, 2.5 g total fat, 0 saturated fat, 0 mg cholesterol, 57 mg sodium, 30 g carbohydrates, 6 g protein, 47 mg calcium, 2 g fiber

HONEYDEW-GRAPE SMOOTHIE

Pretty to look at and just as tasty to savor, this low-calorie drink is a great way to start the day.

Total prep time: 10 minutes
EASY

2 cups (8 oz.) peeled and cubed honeydew melon or cantaloupe
2 cups green or red seedless grapes
⅔ cup white grape juice, chilled
4 ice cubes

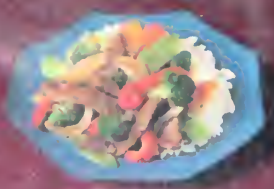
Puree honeydew melon, grapes and white grape juice in blender on high speed. With machine running, add ice through feed tube one cube at a time, until mixture is thick and smooth. Puree in batches. Serve immediately. Makes 3 cups.

PER 1-CUP SERVING: 140 calories, 1 g total fat, 0 g saturated fat, 0 mg cholesterol, 14 g sodium, 35 g carbohydrates, 1 g protein, 16 mg calcium, 2 g fiber

Recipes by Cynthia DePersio

THE BIG CHILL Here's a tip to help you enjoy a smoothie with fresh melons, nectarines and peaches up to two months after the fruits' peak seasons have passed. Peel and cut up fruit; arrange on a cookie sheet. Freeze until very firm, two hours. Transfer fruit to resealable plastic freezer bags. To use, blend frozen fruit as directed in these recipes.





WORCESTER-FRY

Marinate 1 lb. steak strips for 30 min. with 1/3 cup Lea & Perrins® Worcestershire Sauce, 2 Tbsp. brown sugar and 1 Tbsp. dijon mustard. Heat 1 Tbsp. vegetable oil in skillet or wok and brown steak. Remove steak. Stir fry vegetables until tender. Return steak and reserved marinade and cook 1 min.



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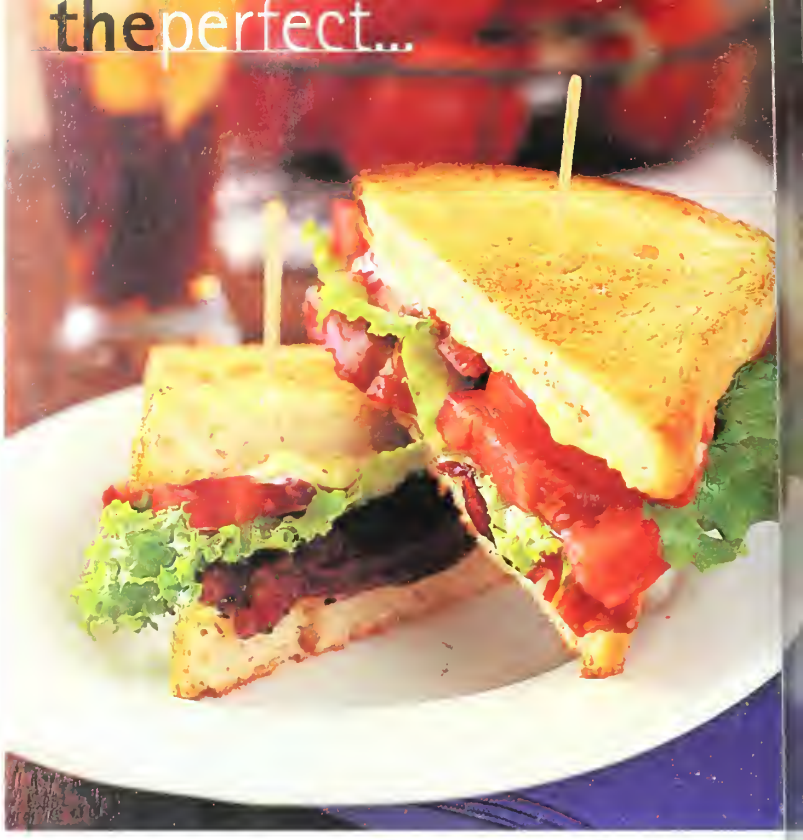


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BLT

Serve up a bacon, lettuce and to sandwich hearty enough to rival the corner d

The simplicity of the ingredients at their tip-top best makes this homey sandwich a true classic. Ours highlights each element, starting with peak-season beefsteak tomatoes, large, crisp lettuce leaves, sourdough bread, thick-cut slices of bacon, and zesty mayonnaise with grated lemon peel.

BACON, LETTUCE AND TOMATO SANDWICH

Budget Recipe of the Month

Prep time: 10 minutes
Cooking time: 10 to 16 minutes
EASY

8 slices thick-cut bacon (about 6 oz.)
¼ cup mayonnaise
1 teaspoon grated lemon peel
½ teaspoon freshly ground pepper
4 (½-inch-thick) slices sourdough bread, lightly toasted
2 large green-leaf lettuce leaves, torn in half
1 medium (6 oz.) ripe beefsteak tomato, sliced ½ inch thick
Potato chips (optional)

1. Heat a large heavy-duty skillet over medium-high heat for 2 minutes. Add 4 slices bacon; cook 2 to 3 minutes, until golden brown. Turn bacon with tongs and cook until just crisp, about 2 minutes more. Transfer bacon to plate lined with paper towels. Repeat with remaining bacon.
2. Combine mayonnaise, lemon peel and pepper in small bowl. Spre spoon on each sli Divide and arra on 2 slices of bre with lettuce an slices. Place the bread on top of t Serve with potat desired. Makes 2 s

Per serving: 495 calori 7 5 g saturated fat, 36 cholesterol, 849 mg sodi carbohydrates, 13 g pro calcium, 3 g fiber ■

Recipe by Jane Yag Goodman

TOMATO TIP: Select ripe tom that are fairly firm; remove co with a small knife. Hold tomat its side; with serrated knife, c into ½-inch-thick slices. If a tomato isn't quite ripe yet, do refrigerate (cold retards the ripening process and robs the tomato flavor). Always store a room temperature.

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Eggplants defined: 1. Italian, 2. Baby, 3. American, 4. White, 5. Asian



Asian Grilled Eggplant is a tasty accompaniment for chicken and steak entrées

EGGPLANT

Beyond plump-and-purple, there are many new varieties of this deliciously versatile vegetable to try

Browse the produce section now and you'll find eggplants of every color and size. All eggplants have a mild flavor, but there are some differences. Italian and Baby eggplants have a very delicate flesh, and the Asian varieties are the sweetest, with few seeds and thin skin that doesn't require peeling. These eggplants are perfect for grilling, so we used them in our quick and easy Asian Grilled Eggplant.

Eggplant should be firm and heavy for its size with taut, glossy skin free of cuts and bruises, and a bright green stem. Store, refrigerated unwashed in plastic, big three days.

Prep time:
Grilling time:
EASY

DO IT DO AS AHEAD: Eggplant can be grilled

2 tablespoons plus 2 teaspoons rice-wine vinegar, divided
2 tablespoons plus 1½ teaspoons lite soy sauce, divided
1 tablespoon white miso paste**
1 teaspoon grated fresh ginger
1 tablespoon vegetable oil
1 large bunch watercress, trimmed
3 medium carrots, grated

1. Heat and oil grill or grill pan.
2. Meanwhile, slice eggplants in half lengthwise. With a small knife, score small X's into the flesh of the eggplants. (Do not cut all the way through skin.)
3. Whisk together 2 tablespoons *each* rice-wine vinegar and soy sauce, miso paste and ginger in bowl. Set aside.
4. Combine oil and 1 teaspoon soy sauce in cup. Brush mixture on both sides of eggplants. Grill eggplants until softened and lightly charred, 5 to 6 minutes per side.
5. Divide watercress on 4 serving plates. Toss carrots and remaining 1 teaspoon rice-wine vinegar and ½ teaspoon soy sauce in bowl.
6. Arrange eggplant slices on watercress; spoon miso mixture over top. Garnish with carrots. Makes 4 servings.

• *For Italian or Baby eggplant:* Prepare recipe as directed *except* cut each eggplant lengthwise into ¼-inch-thick slices. Brush both sides of slices with *2 tablespoons vegetable oil* and *2 teaspoons soy sauce* and grill 5 minutes per side, until softened and lightly charred. Divide slices between 4 plates.

** AVAILABLE IN THE ASIAN SECTION OF THE SUPERMARKET OR FROM KATAGIRI, 212-755-3566.

PER SERVING: 120 calories, 4 g total fat, .5 g saturated fat, 0 mg cholesterol, 581 mg sodium, 19 g carbohydrates, 5 g protein, 149 mg calcium, 3 g fiber

Recipe by Jane Yagoda Goodman

FIVE TYPES TO TRY

1. **Italian** Purple-and-white striped or solid purple, oval, delicate skin, fine flesh.
2. **Baby** Small, round, similar to Italian.
3. **American** Purple-black, oval, thick skin, seeds.
4. **White** Firm, oval, round or miniature.
5. **Asian** Long, skinny, lavender to purple, tender skin and flesh.



come together quicker
he whole family pitches in.

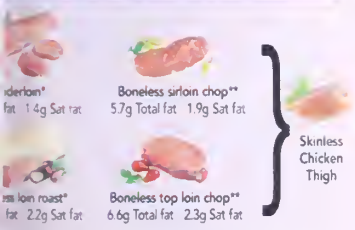
that old saying? Many hands
ght work. It's true. Get the kids
involved with dinner. It saves
you time, and the
kids are more
likely to try
new dishes
when they
have had
a hand in
helping you
make them.



Easy does it.
One-dish meals
wn dinnertime preparation.

dish stews and casseroles not only
ut down time in the kitchen, they
together quicker and speed up
up as well.

**of these cuts contains less total
an a skinless chicken thigh.**



ted **Broiled (Based on 3 oz cooked meat, skinless or trimmed)
ch contains 9.3g of fat and 2.6g of saturated fat. Source for pork
chicken data: USDA Composition of Foods Handbook 8 Series



QUICK PORK FAJITAS

1 pork tenderloin (about
a pound) thinly sliced
2-3 T fajita seasoning or
marinade
1/2 onion, sliced
1/2 green pepper, sliced
4-6 flour tortillas, warmed

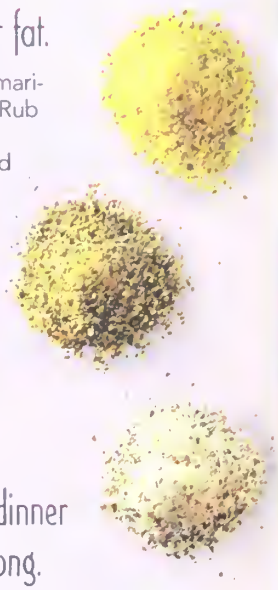
Serves 4



FAMILY CRAVING VARIETY? HERE ARE SOME GREAT WAYS TO COOK IT UP.

pork
The Other White Meat.

Here's the rub.
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Think of rubs as marinades in a hurry. Rub a mixture of your favorite herbs and spices on chops, tenderloins and roasts. Try simple salt and pepper, taco seasoning or dry onion soup mix right out of the bag.

Have Sunday dinner last all week long.

They aren't leftovers if you plan for them. A Sunday pork roast can serve as a stir-fry on Monday, tostados on Tuesday and barbecue sandwiches on Wednesday. Get creative with those leftovers.



AUTUMN APPLE CHOPS

4 top loin pork chops
1 T. flour
2 t. butter
1/2 sliced onion
1 c. apple juice

Serves 4

Season flour with a little
salt and pepper. Lightly
pork chops and brown

one side in butter in large
skillet over medium
heat. Turn chops, then
onion and apple juice, bring
to a boil. Lower heat, cover
and simmer for 7-8 minutes.

Serve with microwaved,
frozen winter squash, green
beans and dinner rolls.

Approximate Nutrient Information per Serving: Calories 220
Protein 25g Fat 8g Sat Fat 3.5g Sodium 55mg Cholesterol 70mg

For more pork recipes, send a self-addressed, stamped, business-sized envelope to: Family Recipe Ad, P.O. Box 10383, Des Moines, Iowa 50306. www.nppc.org/

Pork Data: USDA Handbook 8-10 1995, pp 123 and 32 ©1999 National Pork Producers Council in cooperation with the National Pork Board

FALL'S Bounty

From chef **Jasper White**, an elegant soup that celebrates the great tastes of autumn and indulges in the ultimate catch of the day





Sugar pumpkin gives the soup its golden color and satiny finish

Jasper White loves seafood. The winner of the 1990 James Beard Best Chef in the Northeast Award, he's a cookbook author whose most recent book is *Lobster at Home* (Scribner, 1998), and a former consulting chef for Legal Seafoods restaurant in Boston. And this month, he shared with us one of his favorite September dishes, which uses the best of end-of-summer and early autumn crops in New England. For this manhours soup, White prepares his own lobster broth from the shells for the richest seafood flavor, then garnishes the soup with chunks of lobster meat. Use a small sugar pumpkin or any hard autumn squash like butternut or acorn; look for a pumpkin with a rich orange-brown color and thin skin.

NEW ENGLAND SEPTEMBER SOUP

Indulgent But Worth It

Prep time: 1 hour
Cooking time: 2 hours
MODERATE

Lobster Broth
- 4 small lobsters, cooked
- 2 cups chicken broth or water
- 8 cups water
- 4 ears yellow corn
- 4 sprigs fresh thyme or ½ teaspoon dried
- 1 bay leaf
- 1 teaspoon whole black peppercorns

- 1 tablespoon butter, (no substitutions)
- 2 cups thinly sliced onions
- 1 small sugar pumpkin or butternut squash (2 pounds), peeled, seeded and cut into ½-inch-thick slices
- ¼ teaspoon nutmeg
- ½ cup heavy or whipping cream or ¾ cup milk
- ¼ to 1 teaspoon kosher salt
- ¼ teaspoon freshly ground pepper
- Pinch ground red pepper
- 1 tablespoon chopped fresh flat-leaf parsley

1. *Make Lobster Broth:* Remove all lobster meat (photo A). Cut lobster meat into ¾-inch dice; transfer to small bowl, cover and refrigerate. You should have about 2½ cups. (*Can be made ahead. Refrigerate overnight.*) With sharp knife, split lobster carcasses (shells) in half. Remove head sack (it can cause bitterness). Combine lobster carcasses, chicken broth and water in a large Dutch oven. Bring









STEP BY STEP
A. Separate cooked tails and claws from lobsters. Crack tails and claws and remove meat with a fork.
B. Strain broth through a colander set over a bowl; discard shells, corncobs and herbs.
C. Add broth, corn, pumpkin and nutmeg to Dutch oven.
D. Ladle soup into a food processor; puree in batches.

er medium-high heat. Skim any
top.
ze kernels from corncobs (you
ve 2 cups); set aside. (*Can be*
l. Cover and refrigerate overnight.)
ncobs in half, add to broth with
y leaf and peppercorns. Reduce
iedium and simmer broth, par-
red, 1 hour. Strain broth into a
l (photo B). Discard shells, corn
herbs. (*Can be made ahead. Cool.*
Cover and refrigerate overnight.)
out 5 cups.
utter in a 4-quart Dutch oven or
over medium heat. Add onions
, stirring, until softened and gold-
nutes. Stir in reserved lobster
rn kernels, pumpkin and nutmeg
l. Simmer mixture until pumpkin
nder, 30 to 45 minutes.

4. Puree soup in batches in food processor. Return to pot through a sieve and reheat over medium heat. Stir in cream, kosher salt and white pepper. Garnish with chives. Add reserved lobster meat and

PER SERVING

LADIES' HOME JOURNAL online



Kraft Foods, Inc.



You Asked For It

Dear LHJ,
I recently ordered the Goulash Soup at the Oak Chalet Restaurant, in Bellmore, New York. It's one of the best soups I have ever had. Can you get the recipe?
—Maureen Morse
Smithtown, New York

GOULASH SOUP

This Hungarian tomato-and-beef soup is a hearty and satisfying meal in a bowl.

- 3 tablespoons butter
- 1 pound top round beef, cut into ½-inch cubes
- 2 cups chopped onions
- 1 tablespoon minced garlic
- 2 tablespoons flour
- 2 tablespoons paprika
- 3 tablespoons tomato paste
- 4 cans (14½ oz. each) chicken broth, plus enough water to equal 8 cups
- 1 can (14 oz.) whole tomatoes, drained and chopped, juice reserved
- 4 potatoes, peeled and grated
- 4 large carrots, diced
- 1 bay leaf
- ½ teaspoon marjoram
- ½ teaspoon caraway seeds, crushed
- ½ teaspoon freshly ground pepper
- ½ cup sour cream

1. Melt butter in a large Dutch oven over medium-high heat. Add beef and brown on all sides, 5 minutes. Transfer to plate with slotted spoon; set aside.
2. Add onions and garlic and cook, 5 minutes. Add beef, flour and paprika; cook, stirring constantly, 3 minutes. Stir in tomato paste until smooth. Add chicken broth and water, tomatoes and reserved juice, potatoes, carrots, bay leaf, marjoram, caraway seeds and pepper. Bring to boil; reduce heat and simmer, stirring occasionally, until beef is just tender and vegetables are cooked through, 45 minutes. Remove bay leaf. Top each serving with sour cream. Makes 14 cups.

PER 1-CUP SERVING: 175 calories, 8 g fat, 4 g saturated fat, 30 mg cholesterol, 633 mg sodium, 15 g carbohydrates, 10 g protein, 39 mg calcium, 2 g fiber

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NUTRITION GUIDE Calorie and n analysis appears at the end of each of recipes to help you plan well-balanced

DAILY GOAL

Calories	2,000 (F); 2,500 (M)
Total fat	60 g or less (F), 70 g or less (M
Saturated fat	20 g or less (F); 23 g or less (M
Cholesterol	300 mg or less
Carbohydrates	250 g or more
Protein	55 g to 90 g
Calcium	1,000 mg
Fiber	20 g to 35 g



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BETTE

from page 179

ry alive by staying close to her who works with the mentally re , and her brother. (Her oldest sis s struck and killed by a car when me to New York City to see Mi erform in *Fiddler on the Roof* in She also feels her parents' olence working through her. "I knew my impulse toward good vas so serious. I think it comes my parents. They gave to charity, remember them saying that no r how bad things were for us, were always people who had says Midler. "I have confidence ll this stuff will come back to So because it came back to me."

tween charity gigs and PTA meet Midler still sneaks in plenty of . This winter, she will star in *Isn't Great*, a comedy about Valley of the author Jacqueline Susann. "It was unniest script I ever read," says Mi She also related to some of the er, secret parts of Susann's life—she an autistic son and suffered from breast cancer and eventually died of lung cancer. [illegible] only whispered.

Midler [illegible] a TV series or New York [illegible] find a pilot that [illegible] tion, she's planning [illegible] home—the space [illegible] that will tour nationally. [illegible] business your shelf life [illegible] But I'm lucky because I [illegible] self to be a stage performer. [illegible] "People don't expect me to be [illegible] dess in the way that Marilyn Monroe is considered a goddess. I [illegible] leeway than she does.

"I never considered myself an artist," she continues. "What we [illegible] doing, I was *trying* to do it. Singing, acting, dancing. But the learning that's been the one thing that has been my total entertainment my whole life."

Two weeks later, back up in Highbridge Park, a class of excited seventh-graders are about to launch a twenty-five-foot [illegible] boat. [illegible] Manny Chamizo [illegible] and [illegible] Midler [illegible] Velez [illegible] [illegible] [illegible]

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The 100 Best TV Commercials . . . And Why They Worked (from the story on page 226) Television advertising has made a science of riveting our attention. This 252-page hardcover includes full-color stills and storyboards that go behind the scenes of the world's greatest TV ads (Times Business Books, $34.95).



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Cranberry Inn Sweepstakes

Continued from page 1

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AFTER



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Cindy Crystal, Age 31, San Rafael, CA

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Must-See TV

SIX OF THE BEST COMMERCIALS EVER

The average American watches thousands of commercials a year. The six spots below are included in *The 100 Best TV Commercials . . . and Why They Worked* (Times Books, 1999) by Bernice Kanner. Not only did they capture viewers' attention, but they also featured women in starring roles. Here are commercials that were often more creative—and memorable—than the TV shows they sponsored.

PICTURE THIS The banter between James Garner and Mariette Hartley was so real in this 1977 Polaroid ad that viewers thought they were married. Hartley took to wearing a T-shirt inscribed "I am not Mrs. James Garner," and his real wife wore one declaring that she was.

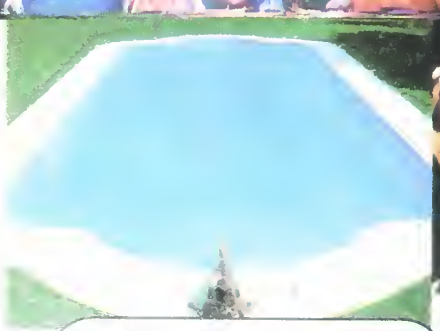


PARLEZ-VOUS FRANÇAIS? Because it was in French, many viewers thought this 1990 spot for the men's fragrance Égoïste was a promotional clip for a foreign film. The producers' goal: an ad that viewers could see over and over without getting bored—even if they didn't understand it.

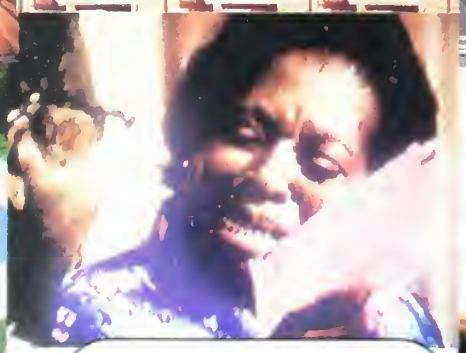


FAMILY VALUES CAN BE FUN is the theme of this 1984 public service ad for The Church of Jesus Christ of Latter-day Saints. The kids are making a real mess. Their parents look angry—until Dad grabs the camera and Mom playfully turns the hose on him.





SHARE THE FANTASY Actress Catherine Deneuve tosses her stiletto in the pool and an Adonis dives in and retrieves it for her in this 1979 spot for Chanel No. 5. But the most arresting image—an airplane shadow that floats over Deneuve—was an accident. It became director Ridley (Alien) Scott's signature.



REACH OUT AND TOUCH SOMEONE—FOR LESS Rather than being moved to tears by her son calling "just because I love you," à la AT&T, in this MCI spoof, Mom is crying over her hefty phone bill. The 1982 commercial successfully positioned the phone company as a low-cost alternative to AT&T.



"I'D LIKE TO BUY THE WORLD A COKE" During a flight delay in 1971, a copywriter/songwriter saw a group of angry passengers bond over bottles of Coke. Inspired, he began jotting song lyrics on a napkin. The resulting Coca-Cola ad spawned a hit single.

FOR A SPECIAL OFFER ON THIS BOOK, PLEASE SEE PAGE 224

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JOURNAL

OCTOBER 1999



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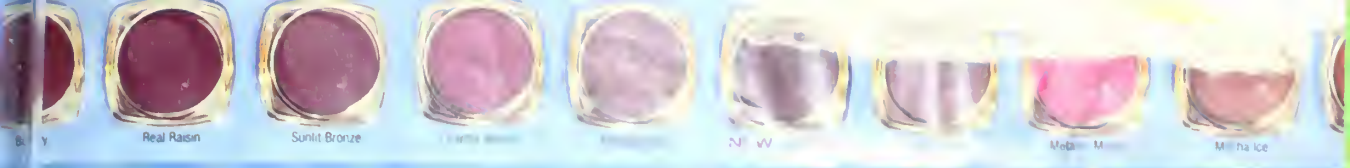
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DIANE SAWYER
Her wildest moments, her secret desire, and how she almost lost the love of her life

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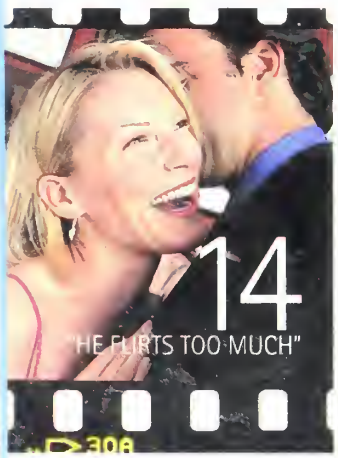


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LADIES' HOME
JOURNAL
October 1999











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CLINIQUE longstemmed lashes
www.clinique.com

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220 SEVEN NIGHTS, SEVEN SUPPERS A weeklong menu plan and shopping list that makes getting easy-cook meals on your table nearly effortless. By Jan T. Hazard

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242 IN SEASON: WHAT A SPUD New potato varieties—and two great ways to serve them.

244 GUEST CHEF: PARTY CAKE New York City chef Jacques Torres wows a crowd with a dessert that's 99 percent chocolate, 100 percent delicious.

246 RECIPE MAKEOVER: FETTUCCINE ALFREDO This slimmed-down version is as delicious as the original—with just a fraction of the fat.

248 THE PERFECT ONION RINGS A basket of these crispy, golden, mouthwatering treats is taste-bud heaven.

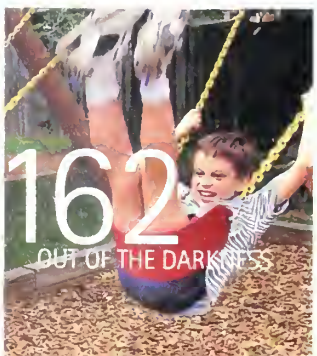
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LADIES' HOME JOURNAL®

DATE: 10/99
FROM: Myrna Blyth
RE: In the news

TV news superstar Diane Sawyer is an appropriate cover personality for this issue, which is filled with headline-making features



How many people does it take to create a smashing cover? The picture below will give you some idea. Diane Sawyer, pretty in pink, is in there somewhere beside Entertainment Editor Melina Gerosa (to the left of Diane), Art Director Annie Demchick (to the right) and photographer Dana Fineman, (the exuberant blond in front). Assistants, stylists, makeup and hair people share the rest of the frame.

Taking the picture was fun, but finding time for a photo shoot in Diane's glamorous but grueling schedule was a lot more difficult. We managed to make it happen after *Good Morning America*, before *20/20* and just after her interview in California with Tom Cruise and Nicole Kidman, and a Sun Valley visit with Oprah!



The day after the LHJ shoot, John Kennedy, Jr., died. He was a very good friend of Diane's husband, director Mike Nichols. For a few days, Diane was conspicuously off-camera, both grieving and comforting those who were grieving for the much-loved young couple. When we finally spoke she told me, "My husband was a friend of his mother's and they had been friends for a long, long time. John was heartbreakingly nice and with none of the brittleness that people who are looked at a lot seem to have."

For a touching remembrance of John and Carolyn, and his father and mother, see "The Kennedys: A Family Wedding Album," on page 206.

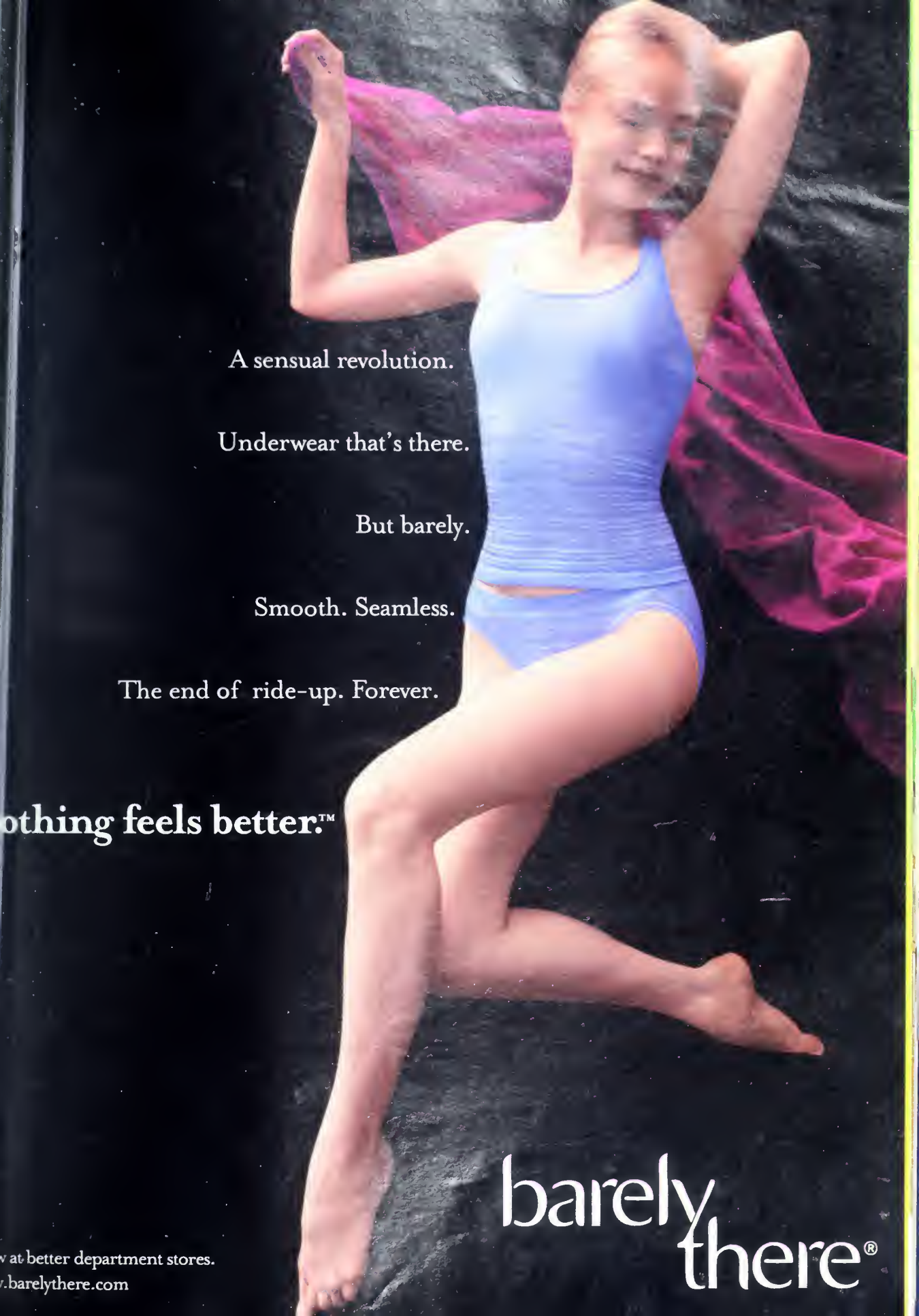
SOUND BITES

"I like to wear six-inch heels that say, 'You don't know everything about me.'" —Diane Sawyer, "Diane Day and Night," page 196

"[If I came back as a woman, I'd be] Martha Stewart's stunt double: 'Stand back, she's got a hot-glue gun!'" —Robin Williams, "Rockin' Robin," page 148

"Now more than ever before, people want to take control of their own bodies, to be in charge of their own health—especially cancer patients." —"Natural Therapies for Cancer," page 136

"I have a fat tooth that must be satisfied. On my pizza diet, I can eat what I like best and still lose weight." —"Lose Five Pounds Fast," page 176


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But barely.
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The end of ride-up. Forever.
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JOSEPH V. AMODIO

Occupation: Health and features writer

Assignment: To report on alternative cancer therapies in "I Tried Everything to Beat Breast Cancer" (page 130) and "Natural Therapies for Cancer" (page 136)

Observation: "I have considerable faith in Western science and traditional medicine, but I'm encouraged to know that there are other methods that can help ease the pain of cancer sufferers."

"I hope my book helps people remember the Kennedy family's more joyous days"



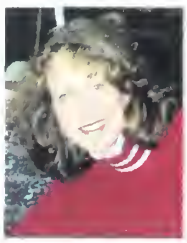
—Jay Mulvaney, author of *Kennedy Weddings* (St. Martin's Press), excerpted on page 206



LEONARDO CASALI

For "Hair Across America," we scoured the country to find the one hundred most talented stylists and colorists—then we got them to share their best tips. It was photographer Casali's job to catch all the goings-on of cutting, coloring and blow-drying. "Shooting the action in a salon was a challenge—but a fun one," he says. See the results of Casali's day on page 200.

STACEY COLINO



Assignment: To find out how five women "Lose Five Pounds Fast" (page 176)—and what a nutritionist would think of their plans.

Biggest Surprise: "I didn't realize that not eating enough protein for even a few days could cause you to lose muscle mass," says the San Francisco–based health and nutrition writer.

Personally Speaking: "I'd try the all-pizza diet, even though it got a C-minus," she says. "That's a hardship I think I could survive."



"I know that Cassie didn't die in vain. Her story will change lives"

—Misty Bernall, author of *She Said Yes* (see die on page 186), about her daughter, who was killed in the Columbine High School shootings

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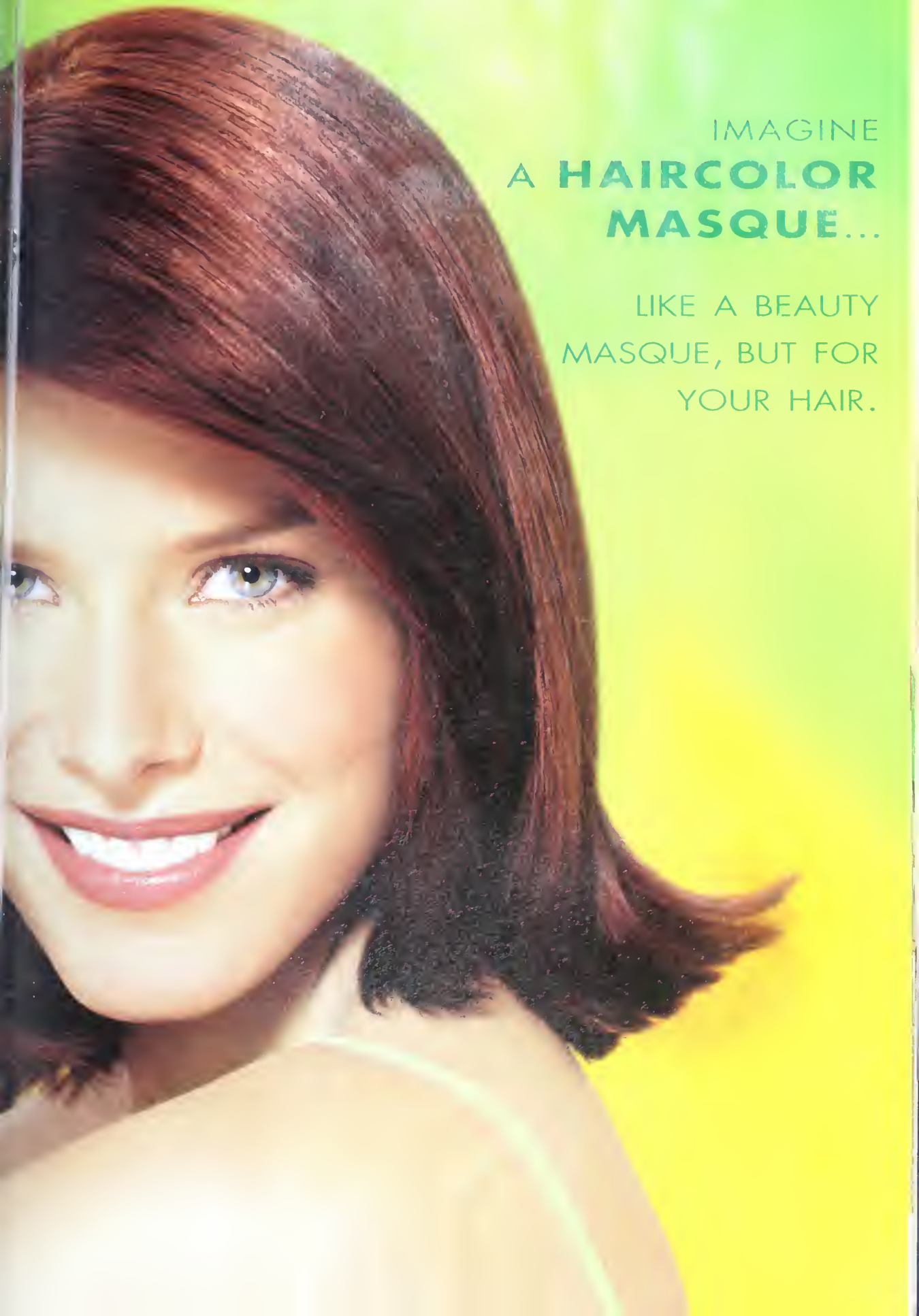
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"He FLIRTS Too Much"

THIS MONTH'S CASE

NICK once swept **PATTY** off her feet—but now, she says, he spends his time charming other women. Nick angrily insists that Patty's jealousy is crazy. Before they can love each other again, they have to stop playing the no-win game of mistrust and blame **By Margery D. Rosen**

PATTY'S TURN

"I'm sick of the way Nick flirts," said Patty, thirty-two, a tall blond who just celebrated her first anniversary. "Whenever we go to a party, Nick gravitates to the most gorgeous woman in the room and launches into a sparkling conversation before I can even get my coat off. And even when he does remember to introduce me, he soon walks off and leaves me hanging. We often have to leave early because we've gotten into another ugly, embarrassing fight.

"I don't think it's expecting too much for my husband to care about me and to show it. Nick has absolutely no idea how hurtful he is, and he won't admit he's done anything wrong. He's very quick and articulate, and manages to twist my words around and turn the whole story inside out every time.

"I met Nick, a management consultant, when he moved into my apartment building back in St. Louis. At the time I was finishing my master's in speech pathology. I'd spent a year after college in L.A. trying to break into TV news, but I had decided to quit that crazy world and become a speech therapist instead. So I moved to Missouri and really found my niche—I liked the city and my friends there.

"Nick's a charmer, and in the beginning he was attentive and really courted me. But at the same time, he also came off as a playboy. I wasn't crazy about the way he hugged all his female friends and would casually slip his arm around the shoulder of a woman he'd just met.

"Maybe I never should have gotten married in the first place. I don't want my marriage to be as unhappy as my parents' was. Dad, a lawyer, was very controlling, and Mother, an urban planner, used to tell me how miserable she was with him. But even though they didn't get along, I know they loved me.

"My sister, Andrea, was clearly our father's favorite, and I was jealous. Everything in our home revolved around her moods, her needs.

"But aside from that, I had a wonderful childhood. My parents encouraged me to try new things, and they were always there when I had to make difficult decisions—where to go to college, what career path to follow.

"For a while, that was the way I felt about Nick. When we're alone, he can be kind and incredibly romantic. He *(continued on page 18)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Jane Greer, Ph.D., a marriage and sex therapist in New York City. The story told here is true, although names and other identifying details have been changed to conceal identities.

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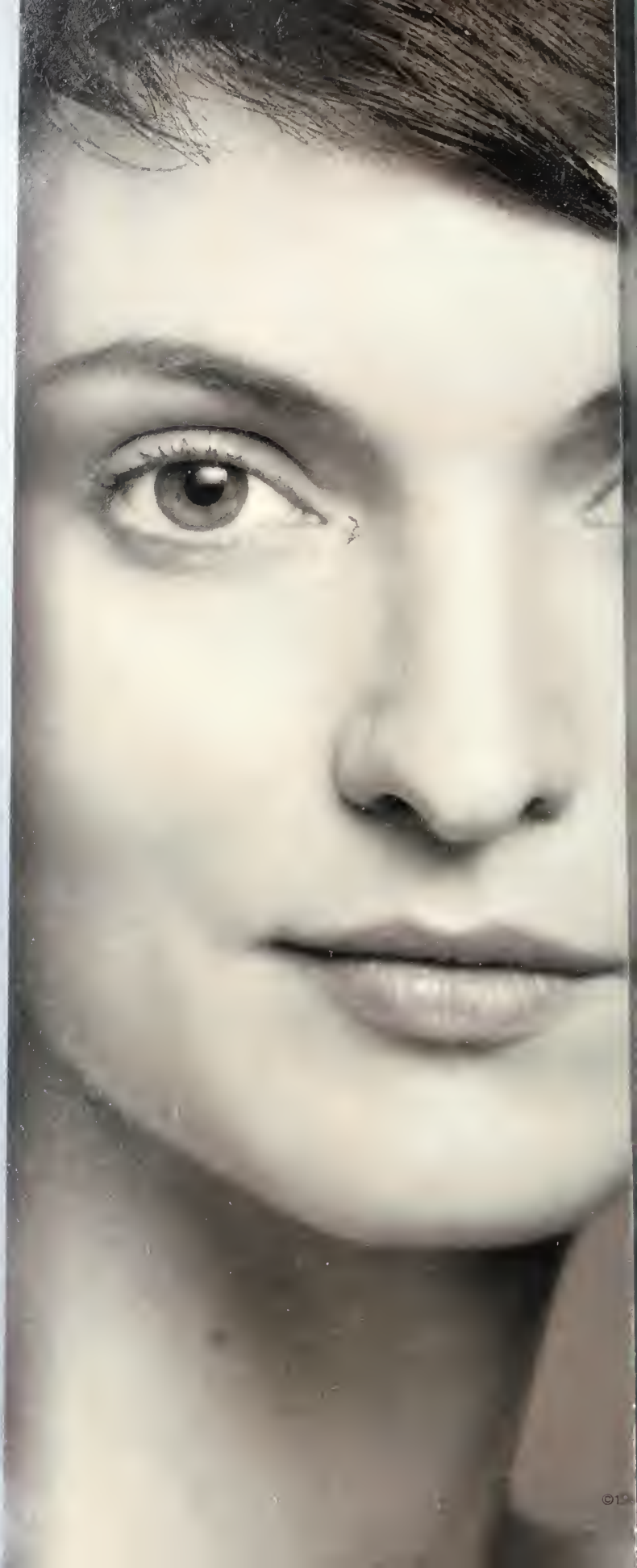
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"I want to be able to trust that my husband loves me, that he's not interested in other women," said Patty. "Right now, I don't"

(continued from page 14) makes you feel like the center of his universe. But he's so manipulative. One night at dinner, just days after he'd asked me to marry him, he told me that he'd gotten an offer he couldn't refuse as a management consultant with a major firm in New York City. 'One of their clients is a hospital clinic,' he added, 'and I negotiated to get you a position there.' I couldn't believe he had the gall to pull those strings without even consulting me. What am I, a bargaining chip?

"In light of that bombshell, I wasn't sure I wanted to be his wife after all. But while I was ambivalent about moving away from home, I was afraid losing Nick, too. Finally, I decided to ahead with the engagement.

"Now I've come to realize how ve different we are. I'm a morning perso but Nick parties till the wee hours an sleeps till noon on weekends. I like to b at the airport two hours ahead of time Nick is the guy who dawdles endlessly, then dashes t the gate just before the plane takes off. His seat-of-the pants attitude gives me ulcers.

"For the last few months, we've been living separat lives. I'm so angry at the way he treats me that I can imagine having sex with him. I don't even want to mak his dinner anymore. Why should I do anything for him?

"Most of all, I want to be able to trust my husband— trust that he loves me, that he'll be on my side, that he not interested in other women. Right now, I don't And I want out."



NICK'S TURN

"Patty has already left this marriage emotionally and physically," said Nick, thirty-two. "We haven't made love—hell, we haven't slept in the same bed—for months. I'm the one in the guest room, thank you very much. She doesn't make dinner plans with me, refuses to join me for important business events, and she leaves my laundry in the hamper while she does hers. Is she trying to punish me? For a long time, I've suspected that Patty doesn't really want to be married to me. This proves it.

"I'm not a flirt, and I don't ignore her at parties. Those accusations just aren't true. I love my wife, and she has nothing to be jealous about. But she's convinced that she doesn't measure up to everyone else, and that becomes a self-fulfilling prophecy. She's one of the most beautiful women I've ever met, but that doesn't mean that I can't enjoy talking to other women. I'm a sociable guy who likes to be around accomplished people; what's wrong with that? I've always had a lot of friends. I don't know why Patty thinks I'm a selfish, belittling cad. Nothing I do wins her forgiveness.

"Frankly, I'm not sure I even want it anymore. Her insane jealousy stifles me. Patty misreads my actions and assumes the worst. Every time we go out, I assure her that she's the only one I love, but she doesn't even hear me. She gets angry at the drop of a hat, and next thing you know, we're in the middle of a huge public argument.

"Maybe we are too different. Patty's organized and careful; I've always liked to take chances, add some risk to the mix. I don't think you grow or achieve anything unless you do. I remember when I was eight, I wanted to walk to my cousin's house to play. Mom said I was too young to go that far by myself, but I did it anyway. I caught hell for it, of course, but I think my folks were secretly pleased at my initiative.

"They were role models in every sense of the word. Both grew up poor, put themselves through college and started businesses—Dad runs a large clothing manufacturing company, and Mom is a real-estate broker. My folks had high expectations for both me and my younger sister. We've always been competitive, but in a good way. I think we believe that if we want something and try hard enough, we'll get it. *(continued)*


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(continued) "But Patty has no confidence in herself at all. She can't make up her mind about anything, from buying a new car to choosing a restaurant, without endless discussion and waffling. It drives me nuts. And everything becomes an issue with her. Back in St. Louis, I figured Patty was getting bored with her job and needed new challenges. I wanted to help her, so when I was negotiating for my job up here, I told the interviewers what she was looking for. It just so happened that they knew of an opening. Why does she look for an ulterior motive in everything I do?

"Nick told Patty, 'Just give me a signal when you want me to stop talking with someone, and I'll come over to you' "

"In the last few months, we've been acting like room mates who barely know each other. It's easier than go ting into a huge fight every time we open our mouths. work late, have dinner with a friend or colleague a sometimes go out to the clubs till all hours to avoid goi home to another inquisition. I don't want to lose Patt but right now, our marriage is a joke."

THE COUNSELOR'S TURN

"Patty and Nick's marriage was a time bomb," said the counselor. "Each felt persecuted, misunderstood and unloved, and each insisted it was the other's fault. The key to saving their marriage was, first, to get both of them to accept responsibility for their problems, and second, to guide them toward compassion and empathy.



"Charismatic and considerate when he wanted to be, Nick could also be a domineering man who was used to having his own way. He had learned long ago that he could use charm to his advantage, so he put a positive spin on everything: He wasn't flirting, he was 'sociable.'

"Nick frequently came late to our early sessions or even blew them off entirely. But when I told him that his lateness suggested that he didn't really want to fight for his marriage, he began to see how his actions could be negatively interpreted by others—including his wife.

"Patty was a stunning, accomplished woman. Sadly, to a large extent, she was still wrestling with feelings of inferiority that dated back to when her father favored her sister. This gave Patty an insatiable need to be loved and praised. 'You're rejecting Nick in much the same way you always felt rejected yourself,' I pointed out.

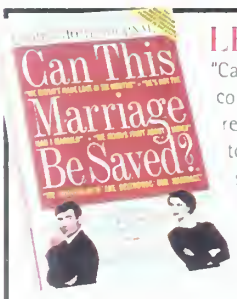
"Patty's parents had always told her what to do and encouraged her to quit if something became too difficult. As a result, Patty never learned from her mistakes.

"When Patty saw how stuck she was in her old patterns, she decided it was time to make some changes. Instead of rushing to accuse her husband, she tried to look at things from his point of view. Seeing the changes in her, Nick began to change, too. He finally admitted that he really was flirtatious at parties, and he made an earne effort to behave differently with other women.

"Now it was time for a total communicatio makeover. I established ground rules for fighting: n more accusations or blame. Instead, they were to use th 'When you . . . then I . . .' technique. Instead of flyin into a rage, Patty learned to say, 'When you spend th night talking to beautiful women, I feel insecure.'

"Leading the conversation with questions ('I know yo don't like it when I chat with my women friends, bu what exactly are you afraid of?') instead of direct attack ('You're crazy—I'm not flirting'), helped stop them fron placing blame. They also reached a workable solution fo dealing with social occasions. Nick told Patty, 'Just giv me a signal when you want me to stop talking wit someone, and I'll come over to you.'

"Within four months, the tension between these two eased considerably. Patty is much happier, more confident and doesn't need constant reassurance from her husband. Nick is thrilled to have Patty back on his side." ■



LHJ BOOK BAG

"Can This Marriage Be Saved?" has been compiled in a book containing stories of real-life couples in distress and their efforts to overcome their problems. The 352-page softcover book is offered by a special arrangement with Workman Publishing. To order, send a check or money order for $15.95 per book to *Ladies' Home Journal*® Resources, Dept. L1099, P.O. Box 9381, Des Moines, IA 50306-9381. To use your Visa, MasterCard or Discover Card, call 800-763-6393. (Price includes shipping, handling and applicable sales tax.)

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Visit LHJ Online at www.lhj.com/marriage to join our ongoing Relationships discussion group. There, you can share your feelings about this month's case, and exchange questions and opinions about issues facing you and other couples.


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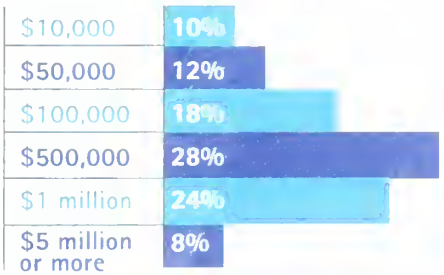
OKING FOR LOVE IN IRVINE

Many mayors want to make their cities more livable. Mayor Christina Shea, of Irvine, California, wants to make hers more lovable. Last , Irvine came in fourth in our sur- of best cities for women, but was -show in a separate ranking of ro- itic cities. So Shea formed a Ro- ice Task Force to improve Irvine's ding. Among the Task Force's rec- nendations: landscape public spots flowers, host open-air concerts, float gondolas on s. All their talk of romance has been inspiring Irvine izens, one of whom even penned a poem about the ie horizons where Irvine meets the sky." Now the Task ce hopes to put it to music. —Catherine Fredman



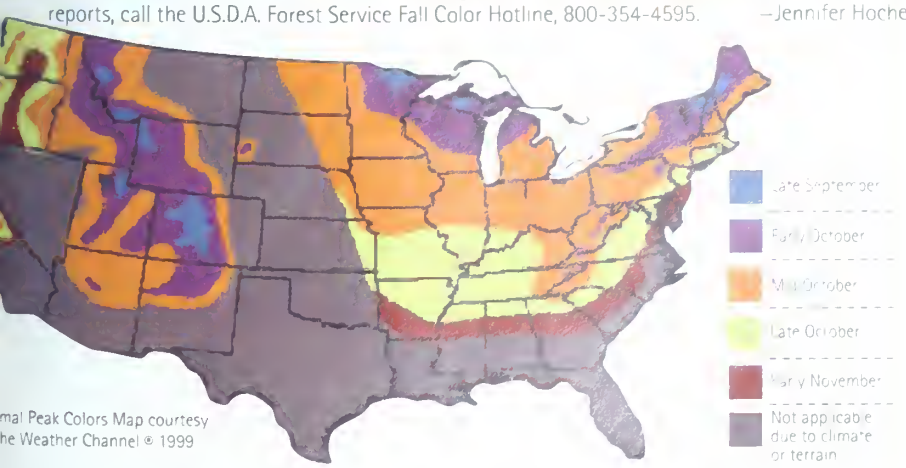
As part of its three-phase project, the Task Force has recommended several smooch-worthy venues, including this park

PULSE POLL: The stock market—and those who profit from it—makes news daily. But not all of us are getting rich quick. In a poll, we asked readers how much money in savings it would take for them to feel financially secure:



MERICAN SNAPSHOT: CATCHING FALL COLOR

Here's when the trees near you will be wearing their autumnal best. For up-to-the-week foliage reports, call the U.S.D.A. Forest Service Fall Color Hotline, 800-354-4595. —Jennifer Hoche



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he Weather Channel © 1999

CALENDAR

Lost track of your grandmother's sister's husband's side of the family? Then take advantage of **Family History Month** right now, and join the legions of armchair genealogists researching family trees. For help getting started, check out *Finding Your Roots* (Tarcher/Putnam, 1998) by Jeane Eddy Westin. For a fee, *www.ancestry.com* gives you access to 1,700 databases.

October 2 Be sure to tune in to **Saturday Night Live**—tonight's show is the first of its twenty-fifth anniversary season. (Rumor has it that Jerry Seinfeld will be hosting, but prepare for surprises.) Like your TV eerie rather than cheery? Then dial up the Sci-Fi Channel and catch a favorite episode of **The Twilight Zone**—the scary show first went on the air on this day forty years ago.

October 12 Talk about milestones. Today is the **Day of Six Billion**—the day the United Nations Population Fund estimates that the world's six billionth person will be born. And talk about overcrowding: The seven billionth person is expected to take a mere fourteen more years to arrive.

October 28 Speaking of **birthdays**, this date is a popular one. Dennis Franz (55), Bill Gates (44), Lauren Holly (36) and Julia Roberts (32) will all be celebrating. —Corinne Domingo

PHOTO: COURTESY GILLES MINGASSON/LAISON AGENCY

NEVER UNDERESTIMATE THE POWER OF A WOMAN

Need a good reason to clean your closet? Nancy Lublin can give you fifteen thousand of them. The founder and executive director of Dress for Success, a nonprofit organization that outfits low-income women with donated business clothes for job interviews, Lublin hopes to suit fifteen thousand women this year. "If you're not appropriately dressed," she says, "it can make you feel uncomfortable."

Lublin, twenty-eight, started Dress for Success in 1996. Today, the program has branches in more than forty cities, and boasts such celebrity donors as Katie Couric and Oprah Winfrey. To Lublin, however, the clothes are more than just apparel. "These suits symbolize our faith in every woman's ability to succeed." —Christine Many



Lublin began Dress for Success with a $5,000 inheritance. Instead of spending the money on herself, she says, "I wanted to take the opportunity to give something back"

JUST WONDERING

With Congress back in session passing the laws that shape our nation, we asked five uniquely qualified individuals what law they'd write if they could.

"I'd abolish all firearms, with the exception of those carried by police and the military. The gun lobby says guns don't kill people, people kill people. I don't agree." —Judge Wapner, who once presided over *The People's Court*; now judge on *Animal Court*

"I'd require the Supreme Court to allow cameras in their courtroom. I'm stunned that there aren't any there now. The court belongs to the people." —Greta Van Susteren, co-host of CNN's *Burden of Proof*

"I'd ensure that every person would have a job that paid a living wage. A law like this would do wonders for teenage pregnancy, crime, poverty—you name it." —Sister Helen Prejean, author of *Dead Man Walking*

"I'd give mandatory jail time to people who don't clean up after their dogs."—Christine Olsan, O.J. Simpson trial court reporter

"It'd be great if we could cite people for stupidity. Not for lack of intelligence, just for lack of common sense. They'd say, 'Why am I going to jail?' And I'd say, 'Because you just did something stupid!' Sometimes I don't know how people get through the day." —Officer Steven Meriwether, Las Vegas Metropolitan Police Department —*Sarah Smith*

WITCH WATCH

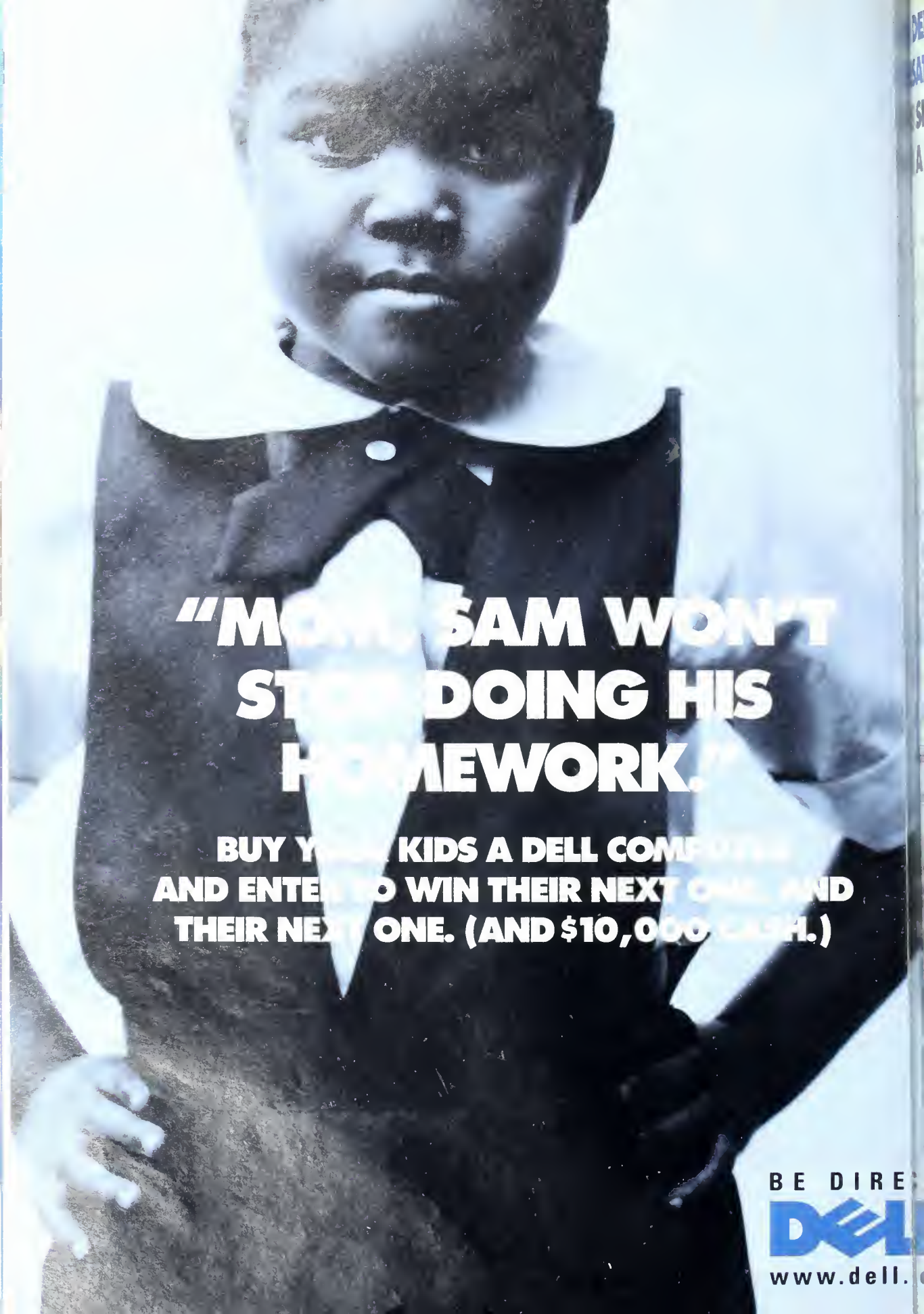
Someone must have cast a spell on the TV networks. How else to explain the fact that you and your kids can watch witches and warlocks no fewer than four times a week? Here's a guide to all the televised toil and trouble:

	 CHARMED	 BUFFY THE VAMPIRE SLAYER	 ANGEL	 SABRINA, THE TEENAGE WITCH
	Three sisters (Holly Marie Combs, Shannen Doherty, Alyssa Milano) discover that good looks aren't their only secret power	Sarah Michelle Gellar plays Buffy, who has been chosen to protect the world from the undead (i.e., vampires)	Buffy's former boyfriend (David Boreanaz), a vampire named Angel, moves to L.A. and fits in all too well with Tinseltown's bloodsuckers	The high-school witchlette (Melissa Joan Hart) casts G-rated spells on classmates
	The Witches of Eastwick - Jack Nicholson + *Practical Magic*	*Dracula* x *Heathers* + *The Bionic Woman*	*The Lost Boys* - Corey Haim + *Spenser, For Hire*	*Bewitched* x *Boy Meets World* + *Casper, the Friendly Ghost*
	Prue (Doherty) can move things with her mind; Phoebe (Milano) can see the future; Piper (Combs) can freeze time	Using anything with a sharp point to kill an undead ne'er-do-well	Looking insanely good for someone who's undead and two centuries old	Changing outfits with a few words and a wave of the hand
	Three sisters' fab wardrobes	Proof that strong women can be supernaturally sexy	The age-defying beauty tips	Magical ideas on how to win friends and influence people



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CELEB PICK:
ISABELLA ROSSELLINI



As a model and actress, Isabella Rossellini knows a thing or two about makeup. And now she's introducing a line of her own called Manifesto, by Lancaster. Throughout the line, innovative packaging makes for application ease. There are lipstick tubes with mirrors on the top, individual capsules of foundation and transparent containers that let you see powder and eyeshadow colors before you open them.

WANT A HAIR MAKEOVER?

Had it with hard-to-handle at-home haircolor? Maybelline•Laboratoires Garnier's new Nutrisse Permanent Haircolor is a drip-free mask formula made with grapeseed oil to soften and protect hair while it covers gray and enhances your natural color. Nutrisse ($6.99 in drugstores) comes in twenty-four shades.

Maybelline•Laboratoires Garnier has also teamed up with *Ladies' Home Journal* for a Millennium Hair-Makeover Search. You could be one of three lucky readers to get a trip to New York City for a pro haircolor makeover. Enter our search before the October 31, 1999, deadline. See page 235 for complete instructions and entry form.

ON TREND: TEA PARTY

Out of the teapot and into cosmetics, green tea is giving an herbal antioxidant boost to bath and beauty products that protects skin's firmness while its sparkling scent energizes the soul. Try: Elizabeth Arden Green Tea Scent Spray and Givenchy Intensive Face Firmer.


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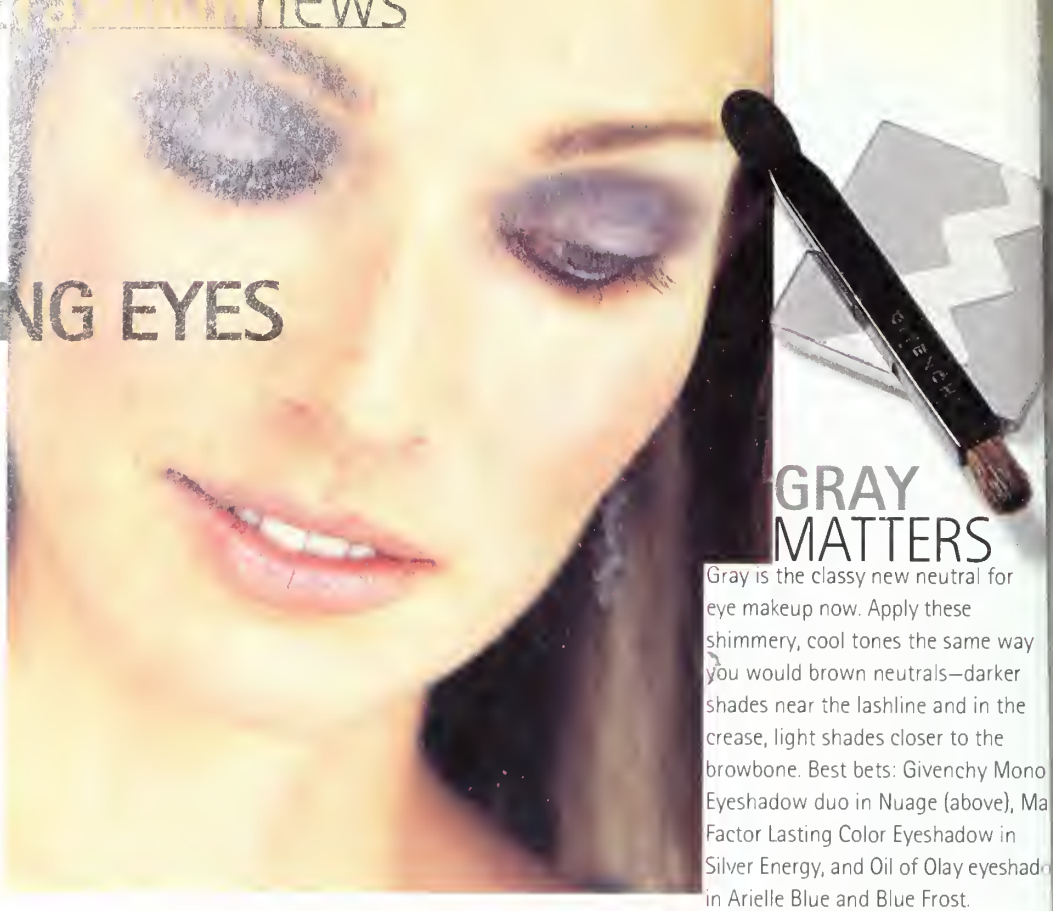
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PROVITAL

MAKING EYES

Fall makeup puts the focus on eyes with pretty shades of gray in luminous liners and shadows

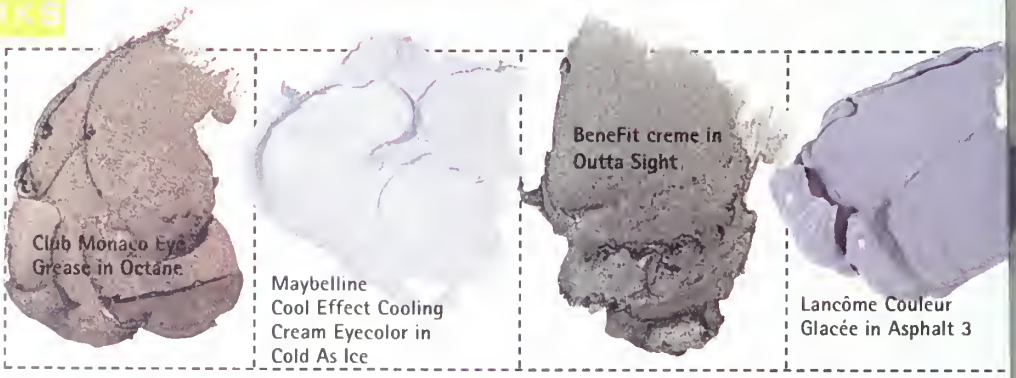


GRAY MATTERS

Gray is the classy new neutral for eye makeup now. Apply these shimmery, cool tones the same way you would brown neutrals—darker shades near the lashline and in the crease, light shades closer to the browbone. Best bets: Givenchy Mono Eyeshadow duo in Nuage (above), Ma Factor Lasting Color Eyeshadow in Silver Energy, and Oil of Olay eyeshad in Arielle Blue and Blue Frost.

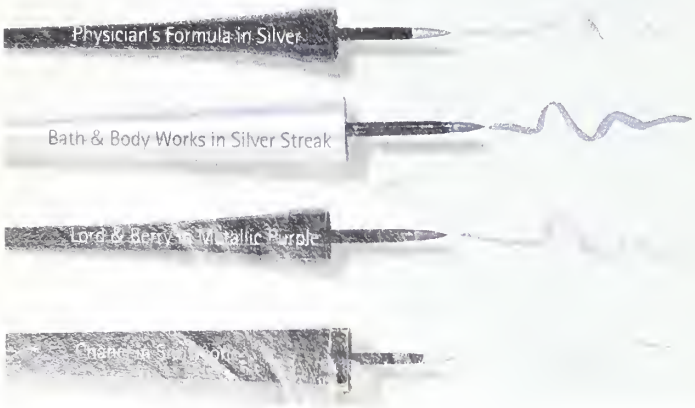
CREAMWORKS

Fall's suede and nubby wool fashions are all about texture, and cream shadow imparts the same rich look to your eyes this season. Makeup pro Bobbi Brown's tip for perfect application: Sweep on a beige powder base, then tap cream on with finger. To try:



TO THE POINT

Liquid liners are back—with ultrathin tapered brushes that make it easier than ever to draw a fine line



In lighter shades of pearl, gray and silver, liquid liner pens deliver refined definition—a far cry from their jet-black hard-edge retro days. To open your eyes instantly, apply these liners as thin and as close to the upper lashline as possible.

TWO FOR ONE

Who doesn't love that idea? In eye makeup, products like Revlon Wet/Dry Shadow in Iced Silver and Prescriptives Shadowbox Wet/Dry Eyeshadow do double duty—dry, used as a shadow; and wet, as a liner. Dampen the applicator and with a charcoal shadow, line the upper and lower lashlines and crease of lid, smudging the latter two while wet to soften. For an all-out smoky look, sweep dry shadow on lids.



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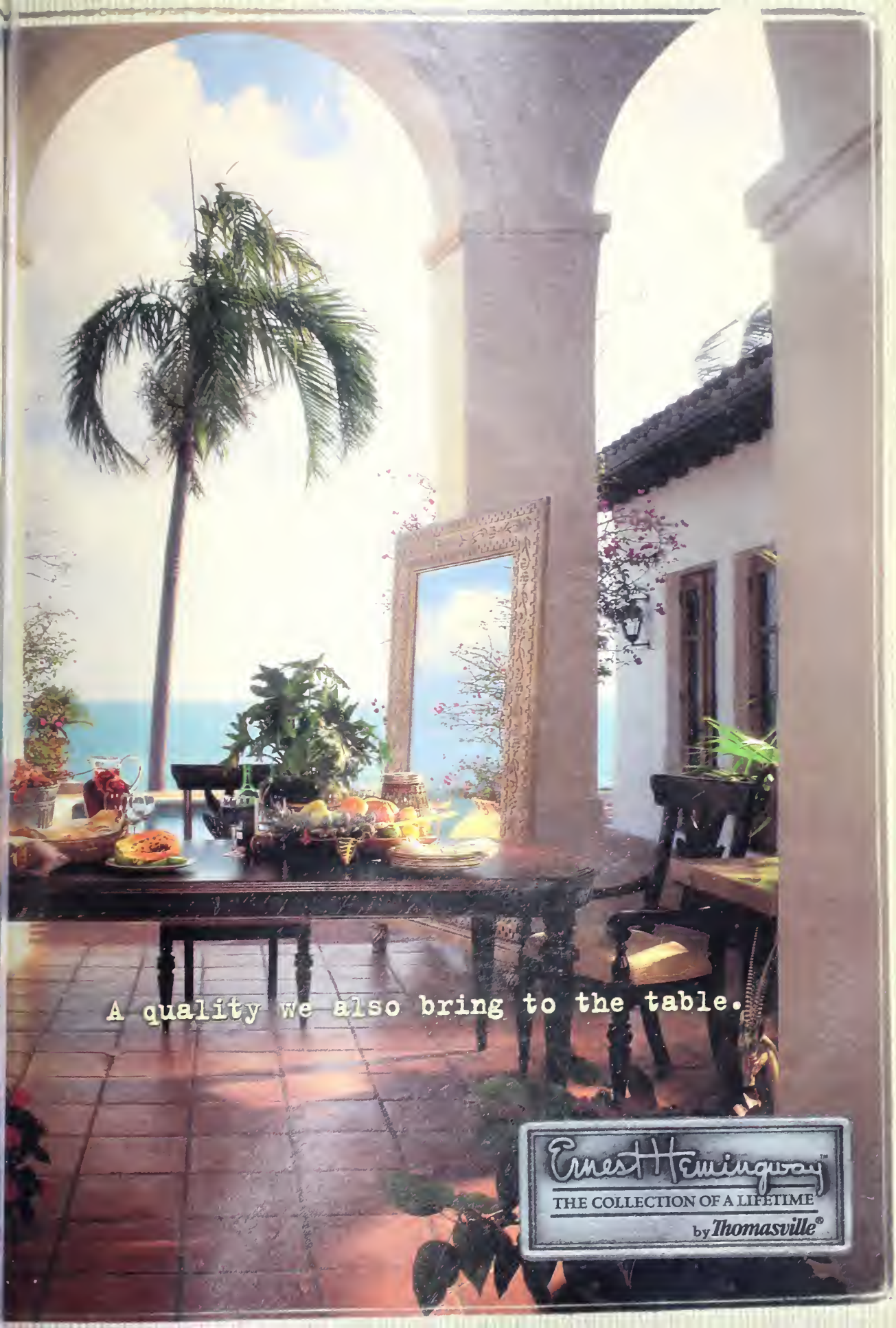




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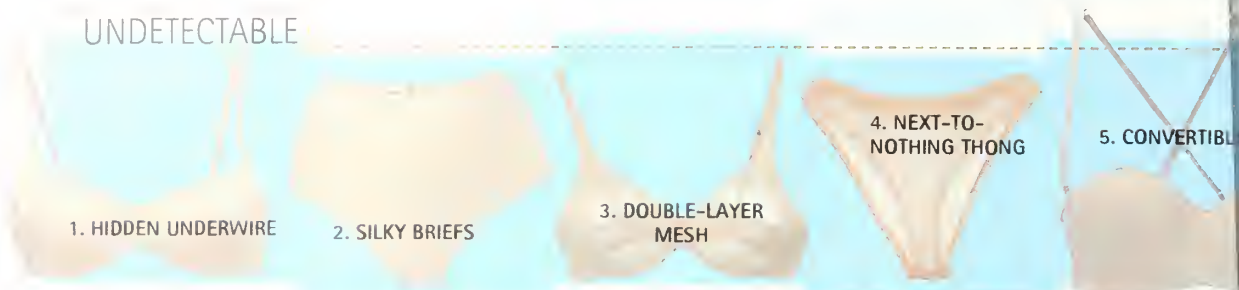
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SPORTY



6. A camisole neckline makes this the choice under tiny tanks (Barely There, $24). 7. Cotton boy shorts get girly (Jockey, $10). 8. Skip the bra even if you're busty—this one has a built-in shelf bra (Jockey, $16)—for two-in-one appeal. 9. A sporty design and silky fabric to gently shape and stay put (Warner's, $8.50). 10. This sports bra has a CoolMax lining to keep moisture away, and gives control up to size DD (Lily of France In Action, $29).

SHAPER



11. Sexy hip control with sheer side panels (Oscar de la Renta, $24). 12. Create three levels of cleavage with the click of a button (Victoria's Secret Click Bra, $42). 13. Silky chemise with underwire support (Only Hearts by Helena Stuart, $76). 14. Luxurious but affordable with removable push-up "cookies" (Lily of France, $14.99). 15. With 28 percent spandex, this bodysuit gives serious allover shaping (Olga Secret Shapers, $28).

FUN

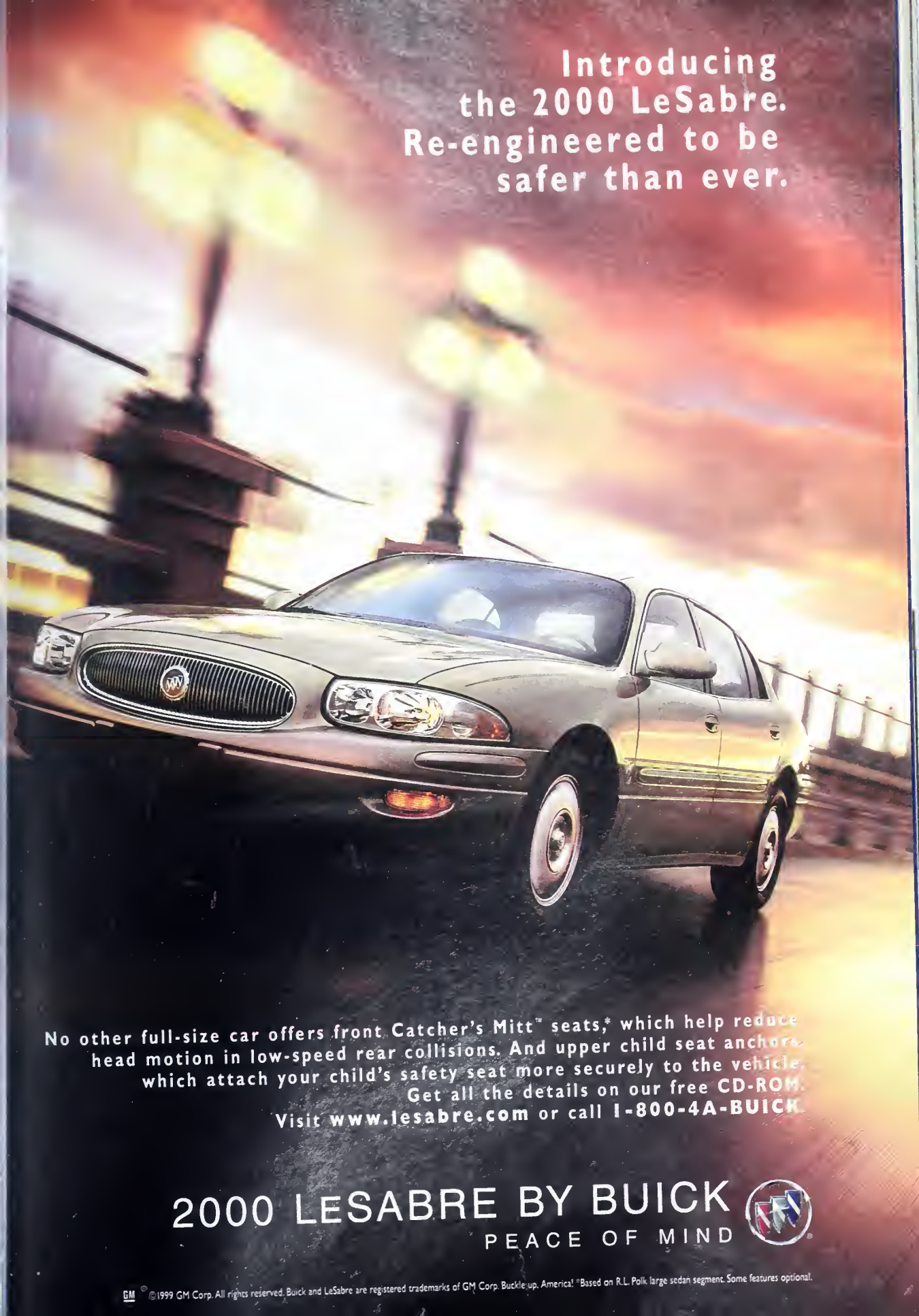


16. Shimmery green seamless racerback is playful and functional (Guess?, $18). 17. A seductive alternative to traditional panties (Victoria's Secret Earth Angel, $20). 18. Hide this sultry animal-print bra under work clothes (Playtex Now, $9.99). 19. Mesh tap pants—a sexy little something that sets a certain mood (DKNY, $16). 20. Girl power! Frills, lace and bows are back (Hanky Panky, $36).


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"To SAVE a Life I Almost LOST My Own"



Donating bone marrow is virtually without risk—or so I thought

By Lina Joy, as told to Carol Lynn Mithers



CARATOZZOLO (Santo), 17.2.1955 to 14.3.1997

My recipient (above), a father of three from Australia, had leukemia. His family sent me the koala I'm holding

I have always believed in the importance of helping other people. So in April 1989, when a speaker for the National Marrow Donor Program (NMDP) came to my church in Paramount, California, looking for a possible donor for a local boy who was dying of leukemia, I signed up immediately. This will be simple, I thought. And if I can't be a donor for him, maybe I can be for someone else.

I wasn't a match for the boy, but my name and medical information were entered into the program's huge database. I didn't think about it again until September 1996, when I got a letter from the program saying they'd found a patient who was a match for me. I was thrilled. That afternoon, when my husband, Governor—his name was a family joke that stuck—got home, I was calling all my friends, excitedly telling them: "I'm going to save someone's life!"

Things moved quickly after that. There were more blood tests. A representative from the NMDP told me briefly about the procedure. I'd be put under general anesthesia, she said, and doctors would insert a large syring into both hips to extract the marrow. Th day, I also signed a consent form saying tha was committed to being a donor. Then, on I passed a required physical, my recipie would get massive doses of chemotherapy destroy all his own bone marrow. If I backe out and they couldn't find a last-minute r placement, he would die.

About ten days later, I had the physical. asked the doctor what side effects I could ex pect—and was told I'd feel as if I'd been kicke in the butt by a horse! The day of the surgery, was given another form to sign, which liste potentially serious consequences—any surgery it stated, carried a risk of infection, complica tions from anesthesia, even death. But to b honest, I didn't take it seriously.

My marrow was extracted at a local hospi tal on December 11, 1996. I woke up sore but felt well enough to go home that nigh and get up at six A.M. the next day to go t my job as the manager of a dental office. By early afternoon, though, my right hip and le hurt so much I had to go home. I took a painkiller, but by four P.M., I could barely move. When Gov finally took me to the emergency room around midnight, I had a fever of 105°F., and I was vomiting.

I don't remember much of the next few days. I was on morphine *(continued on page 52)*

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Continued from page 46

for the pain and slept a lot. Doctors said I had a staph infection and started me on intravenous antibiotics. I stayed in the hospital for ten days and later took oral antibiotics for two more weeks. Christmas was a blur. But by the time I finished the drugs, I felt well enough to do office work at home. I even received gifts from my recipient and his family.

Three days after I stopped the antibiotics, all the symptoms came back. My doctor referred me to a specialist in infectious diseases, who ordered an X ray and CT scan of my right hip. What we saw was devastating: In the area where the syringe had gone in, the bone was destroyed by infection. If I'd fallen, the specialist said, I might have snapped my pelvis in half. He immediately put me back in the hospital and on antibiotics, and scheduled me for surgery. I was terrified.

During the operation, the doctor cut away the dead bone and grafted healthy bone taken from other areas of my hip. A week later, I was sent home. But within days, I began vomiting again and developed diarrhea so severe I ended up back in the hospital. Tests showed that my kidneys had stopped functioning properly. The doctors thought it might be a reaction to the antibiotic I was on, so they put me on another one. After six days in the hospital, my symptoms eased.

Two weeks later, however, I developed a bright red spot below one breast that spread across my torso within two hours. We rushed back to the hospital yet again. In the emergency room, the staff packed me with ice to lower my temperature. I was freezing. That's the last thing I remember for almost a month.

Governor has told me the rest: how, despite another change in antibiotics, my skin blistered, then peeled off; how I went into renal failure again, and had to be placed on dialysis. I also began hallucinating, and the doctors determined that that my liver, too, was failing. The diagnosis, finally, was "transfusion-associated graft-versus-host disease," a rare, often fatal, autoimmune disorder resulting from blood transfusion. My body was attacking itself, and I ne liver transplant immediately. But I could be transferred to a hospi could perform one, I fell into a coma. That afternoon, I went in respiratory arrest and was placed ventilator. "You'd better be prep one of the doctors told Gov. probably not going to make it."

Our son, Brian, age twenty was in the Navy, was given le come home; our twenty-two-ye daughter, Dina, and my parents by my side. I was horribly bl from steroids I was receiving fo liver, and so jaundiced that my and eyes were tangerine-colo When they tried to perform a CT to see if my brain was hemorrhagi suffered a seizure and bleeding f my nose and mouth.

But my family and friends pulling for me. Each day, membe my church came to the hospital to for me. Staff from the NMDP were tensely supportive and sympathe Though naturally my husband thinking, *If only we'd never done this*, clung to the idea that no matter w happened, I might have saved a life.

Gov took a leave of absence f his job as a purchasing manager fo dairy and stayed in my hospital roo going home only to shower a change clothes. He bought a medi text and studied it so he could be advocate. It was only at night, he la told me, that he cried.

On March 24, I was given an M to assess the condition of my brain. A ter the test, Gov said my eyes we open and staring. He was sure I'd die But the nurse greeted him with smile. "Mr. Joy," she said, "I've got surprise for you." I was awake. Wh Gov asked me, "Honey, do you kno who I am?" I was able to blink ye Everyone in the room cried.

I began to recover as quickly as had gotten ill. Within a day, I w breathing on my own. My kidney an liver function improved until a tran plant was no longer necessary.

A parade of doctors and nurses cam through my room—everyone in th hospital wanted to see the miracle lad No one could *(continued on page 5*


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meeting my recipient's wife

In June, Diane Caratozzolo, the wife of my bone marrow recipient, came to visit us from Australia. The moment we saw each other, Diane and I threw our arms around each other and cried. Getting to know her has been one positive thing to come out of the ordeal

(continued from page 52) figure out how I'd survived. But I knew. It was answered prayers. Six days after I woke up from the coma, on Easter morning 1997, Gov put me in a wheelchair and wheeled me outside. The roses in the hospital garden were in full bloom, and the sky was a bright blue. I felt the wind on my face, and I said to Gov, "I know I'm going to be okay. God just kissed my cheek."

Ten days later, I came home to still more amazing support. Gov did everything for me—changed my clothes, washed me, carried me up and down the stairs. Friends, neighbors and church members offered to mow the lawn, do the laundry, even wash the windows. I received over six hundred get-well cards.

Still, recuperation was hard. Even with physical therapy, it took two months for me to move from a wheelchair to a walker and another month to graduate to a cane. There were times I just longed to be able to do basic things like put on my panty hose or get off the toilet without help.

Even worse, after I got out of the hospital, I learned that the man who'd received my bone marrow had died. My doctors said it was because of an infection he'd gotten from the transplant. At first, I was stunned, and then I had a huge sense of guilt. Did I do this? Would he have had a better chance without me? You go into this knowing that it might fail, but in your heart you feel sure it won't. I wanted to be this man's savior. Now I felt as if I had killed him.

We were also beginning to face real financial hardship. Our savings were gone and we had accumulated serious credit-card debt. Gov's employer had assured him that his job was safe, but when he finally returned to work in July, his boss demoted him and cut his salary by 10 percent. And then, to our disbelief, we began to get bills from the hospital.

From the beginning, the medical staff was caring and compassionate. But by the end of my second stay, we started hearing rumblings that the hospital and the NMDP were debating how they would share financial responsibility for my care. The donor program's insurance covers up to $250,000 in costs, but I had far exceeded that—in the end I was told I was a $1.5 million baby.

When we complained about the bills, the hospital said it was a mistake. But they kept coming. Gov called the National Marrow Donor Program; he was told that the bills were the hospital's responsibility. *[Editor's note: An NMDP official says the Joys were informed that the program would handle the bills.]* In November, seven months after I came home, we were notified that our account had been turned over to a collection agency. Within days, we hired an attorney and filed suit against the hospital and its doctors.

The suit dragged on for over a year. To the end, the hospital *(continued on page 150)*

THE RISKS OF BONE MARROW DONATION

Each month, under the auspices of the National Marrow Donor Program, more than one hundred people donate a small amount of their bone marrow and offer a critically ill stranger a chance to survive. For most, it is a simple, relatively painless procedure with a quick recovery. But Lina Joy's experience has prompted the National Marrow Donor Program to emphasize to donors that the procedure is not risk-free. "We've examined everything from our educational materials to the way we frame risk discussions and made multiple revisions," says Dennis Confer, M.D., the program's chief medical officer. "We reminded our counselors to discuss potential risk in detail."

The fact is, any medical procedure carries some risk, adds Gary Schiller, M.D., an associate professor of medicine who is in charge of the adult leukemia clinic at University of California—Los Angeles's Jonsson Cancer Center. An infection such as the one Lina Joy initially contracted is extremely unusual, says Schiller. "In our unit, where we do a lot of transplant, I can remember just one infection in more than a decade." According to Confer, around fifty thousand people have donated marrow worldwide over the last twenty years, and there have been only four deaths, two of them from problems with anesthesia.

The National Marrow Donor Program lists about 3.6 million potential volunteers on its registry. (Only a fraction of those people will actually give marrow due to the difficulty in finding a match between donors and recipients.) Anyone who is thinking of becoming a donor, says Confer, must weigh the small but real risk of donation against the possible good it can do. "Over the years, the lives of thousands of individuals with leukemia and lymphoma have been saved," he says. "A significant number of our recipients are children. In some cases, bone marrow transplant is their only hope." —C.L.M.

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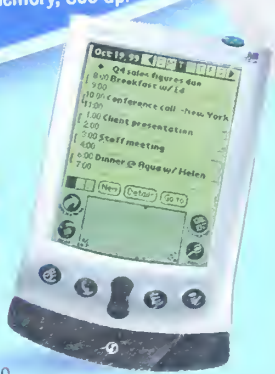
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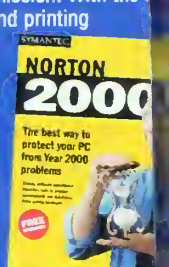
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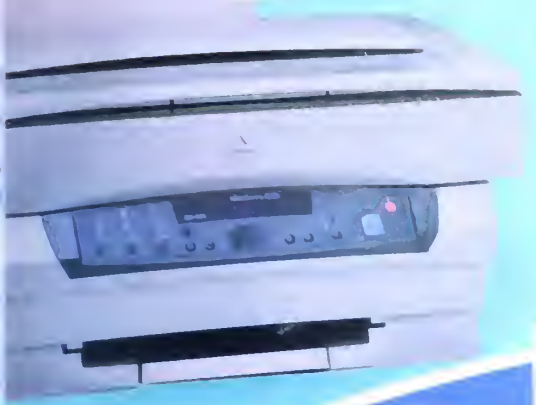
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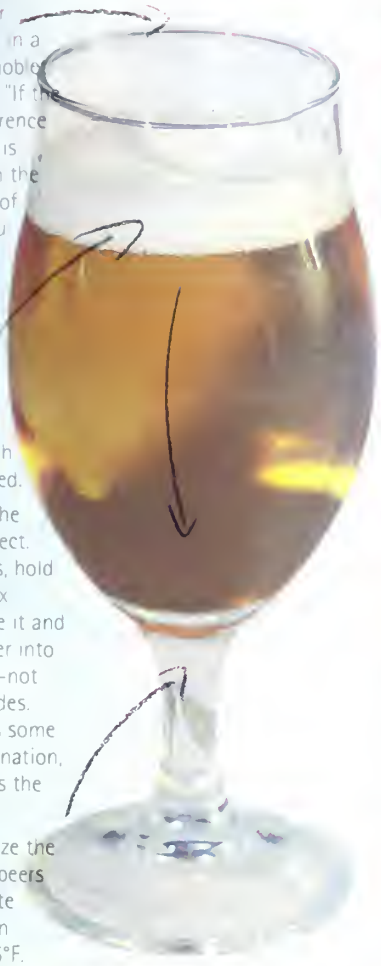
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LADIES' HOME JOURNAL

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HOW TO POUR A BEER

How good a beer tastes depends on how well it's poured, according to Gary Regan, a former bartender and author of The Bartender's Bible. His unconventional wisdom brings new zip to any brew



DO consider serving beer in a large wine goblet. says Regan, "If the circumference of the glass is smaller than the widest part of the bowl, you concentrate the aroma."

DON'T let the foam overflow. Part of the foam is beer which will be wasted.

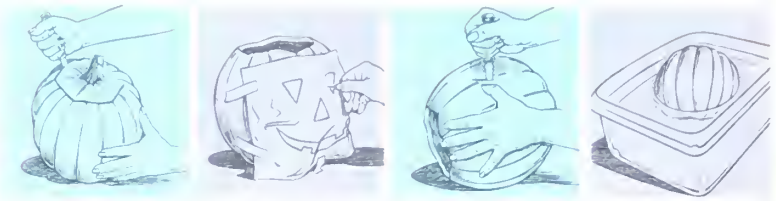
DO go for the fountain effect. Tilt the glass, hold the bottle six inches above it and pour the beer into the bottom—not down the sides. This releases some of the carbonation, which makes the beer tastier.

DON'T freeze the glass. Most beers and ales taste best between 45°F. and 55°F.



HOW TO CARVE A PUMPKIN

Expert pumpkin carver Walt Stoneburner once created a pumpkin likeness of his father's face so accurate that his father's co-workers mounted it on the reception desk. The sculptor of squash got his start with these four steps:



1 Cut a six-sided lid from the top, angling the knife so the lid won't fall in. Use a large spoon to gut the pumpkin, then scrape the wall you plan to carve to about one inch thick.

2 Tape or pin a paper tracing of your pattern onto the pumpkin. Mark the pattern with thumbtacks, then spread flour in the holes to make the design stand out.

3 To carve, use a pumpkin carving saw or a small knife, and keep the blade perpendicular to the surface. The shell gets weaker with each cut, so start at the design's center.

4 Soak the pumpkin, carved part down, in a tub of cold water until the flesh is firm. Then spread a thin film of petroleum jelly on the exposed edges to keep the pumpkin plump.

HOW TO STOP A CAR WHEN THE DRIVER CAN'T

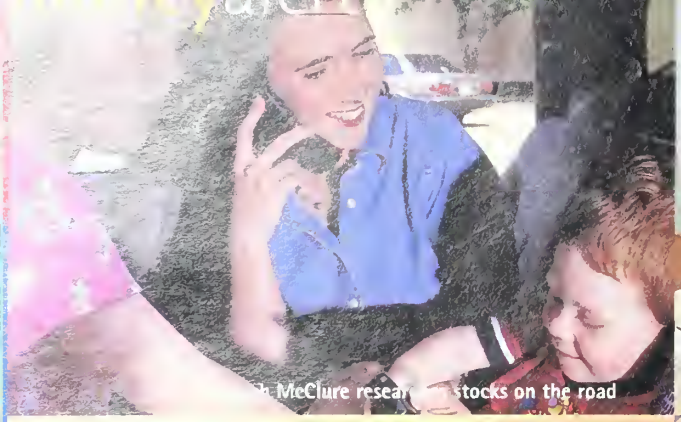
One minute, the driver is alert and able; the next, she's slumped in her seat. Don't panic, says Charles Butler, director of the AAA's safety services. Just follow the Three S's:

STEER "Steering is much more important than slowing down or stopping the vehicle," says Butler. If the driver has collapsed onto the steering wheel, shove her to one side and grab the wheel with your left hand. This enables you to sit upright, facing forward. Pick an escape path and steer into it, keeping in mind that the closest one may be the median strip.



SHIFT The next priority is bringing the vehicle to a safe stop. Use your right hand to shift into neutral. Even if the driver's foot is on the accelerator, this will disengage the gear, preventing the vehicle from picking up speed. If the car has a manual transmission, the gear can be disengaged without depressing the clutch.

STOP Once the vehicle is under control, engage the emergency brake. Be careful to hold down the button so you can ease the brake off again if the wheels start to lock up and cause the car to skid. As a last resort, look for something soft to run into, such as a bush or small tree. However, do your best to hit it at an angle, not head on.



Sarah McClure researches stocks on the road



Brenda Richardson quit trading after she was conned



Vickie Smoot juggles trading, mothering and exercise



Prerna Arora finds that trading has a steep learning curve

TRADER Moms

Day trading has made headlines lately, its risks and rewards exposed. Increasingly, women are trying their luck. Here, four of their stories

By Michael J. Weiss

The stock market isn't just for Wall Street anymore. There's a new breed of investor: day traders, who buy and sell stocks over the Internet, holding shares for only a few minutes or several hours to make quick money. Thanks to technology once reserved for brokerage firms, anyone with a personal computer and a modem can now play the stock market.

As many as 6.3 million Americans (Barbra Streisand included) trade stocks online through brokerages like Charles Schwab, Ameritrade and E*Trade, according to NFO Worldwide, a research firm in Greenwich, Connecticut. In June, Merrill Lynch and PaineWebber joined the online trading fray, offering low-cost services for the first time. Five thousand Americans work full-time as day traders, making dozens of transactions daily at firms, reports the Electronic Traders Association (ETA), in Houston, Texas. Although the field remains dominated by men, a growing number of women are getting hooked.

"The Internet has opened a whole new world to investors," says Nancy Smith, director of investor education and assistance for the Securities and Exchange Commission. "It has reduced the cost of trading from hundreds of dollars per trade to less than ten dollars. But with these opportunities have come new dangers."

Day traders make money by predicting moment-to-moment *(continued)*

DAY TRADING DEMYSTIFIED

What is it? Day traders aim to profit from rapid changes in a company's stock prices.

How do day traders differ from other investors? Traditional investors study a company's earnings and losses before buying its stock. In general, day traders focus on stocks whose prices are changing.

Where do they trade? Many day traders work at home, using personal computers to connect them to Internet brokers. Others trade at companies that provide electronic access to the stock market.

How much does it cost? Day trading isn't cheap. Commissions typically run into tens of thousands of dollars a year. Plus, start-up fees are high:

Day-trading software: $240
Internet service: $240*
Separate phone line: $240*
Computer monitor: $500
Minimum to open an account: $10,000
Training: $3,000
Real-time quote service, which offers up-to-the-minute stock prices: $1,000*
Total (excluding commissions): $15,220

—M.J.W.

*Estimated annual fees.

When it comes to healthy vision, it may be smart to keep an eye on Lutein.

You may be aware of the potential benefits of vitamin C and E in helping to reduce the risk of cataracts, but you may not have heard of Lutein. Scientists have been studying its potential benefits for years, along with another important carotenoid, Zeaxanthin. These two carotenoids are commonly found in vegetables such as spinach, kale and corn. A study sponsored by the National Eye Institute found that high intakes of foods rich in Lutein and Zeaxanthin were associated with a reduced risk of age-related macular degeneration (AMD). This could be an important development since AMD is the leading cause of acquired blindness in the U.S.

In addition to a proper diet, a healthy regimen should include regular visits to your eye doctor, and of course, regular medical checkups, not smoking and routine exercise.

Roche

changes in a stock's [illegible] risky and often unprofitable practice, say government regulators. "Day trading relies on luck, so you're likely to lose money," says Philip Feigin, executive director of the North American Securities Administrators Association. In July, the National Association of Securities Dealers, Inc., approved a rule that would require day trading firms to disclose the risks of the practice and determine whether a customer should be allowed to trade.

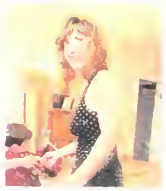
Despite industry concerns, day-trading professionals like James Lee, president of the FTA, insists that most people can turn a profit—if they survive training. "Some traders have gone from waiting tables to having three million dollars in the bank," says Lee.

While tales like this have helped fuel interest in day trading, the reality is far different.

A PROFITABLE PRO

VICKIE SMOOT, SALT LAKE CITY

On most mornings, Smoot, thirty-eight, awakens at six-thirty, throws on a bathrobe and shuffles to her computer to start scanning the Internet for the latest stock news. Her eight-year-old son and six-year-old twins may come in to snuggle, but Smoot's eyes stay glued to the terminal. At seven-thirty sharp, the stock markets open and Smoot begins trading.



On days when her hunches pan out, Smoot makes as much as $3,000. When they don't, she can lose $2,000 or more. "I call it educated gambling," says Smoot, a former legal secretary. "It's easy to lose money. But if you learn from your mistakes, you can do fine."

Smoot started investing in stocks three years ago on the recommendation of a friend who day trades. Smoot's husband, who owns a sign company, gave her a $10,000 stake and these encouraging words: "Whatever you make, you keep." Smoot first entrusted her money to several Wall Street brokerages. Although she made a profit, she eventually soured on their high commissions (more than $100 per trade). Last year, Smoot went out on her own—without any training—and now makes four to six trades per day through Waterhouse Securities, which charges $12 per transaction.

Smoot's research involves staying tuned to CNBC and subscribing to an online news service. Lately, she's been trying to take advantage of the wild price swings of technology stocks like America Online, Exodus Communications and Inktomi.

Smoot strives to make about $200 a day, but that's easier said than done. Her losses and gains fluctuate wildly, taxes slash her profits by as much as a third, and commissions further reduce them.

During a typical day, Smoot spends six hours near her PC, the 19-inch screen divided to show stock price quotes and comments from fellow traders in a private America Online chat room. She keeps a VCR nearby so she can work out to an exercise video while monitoring her holdings. When she makes a quick profit, her chat room friends send off an encouraging E-mail message: *wtg*, meaning *way to go*. Her husband, however, is a little more restrained. He'll say, "Good job, Vick, but please don't get back into the market today."

Lately, there have been a lot of *wtg*'s. Smoot estimates that she's made more than $50,000 since she began day trading ten months ago—enough to remodel her house. Still, she occasionally wonders if the money has come at a cost to her family. "Sometimes my kids will complain, 'Aw, Mom, can't you leave the computer?'" she says. "But that's hard in the middle of a trade."

TRADER LITE

DEBORAH McCLURE, ABILENE, TEXAS

McClure is a classic "light trader," meaning she's a part-time investor who supplements the family income with a handful of trades each day. Twenty-nine-year-old McClure is married to an independent investor, has two children, ages seven and three, and is part-owner of a bookstore. With her work computer linked to an online broker, McClure typically spends three hours a day trading, executing an average of five "round-trippers"—quick



(continued on page 72)

WHAT SMART DAY TRADERS DO

1. They don't bet the rent money. The savvy ones trade with only as much as they can afford to lose.

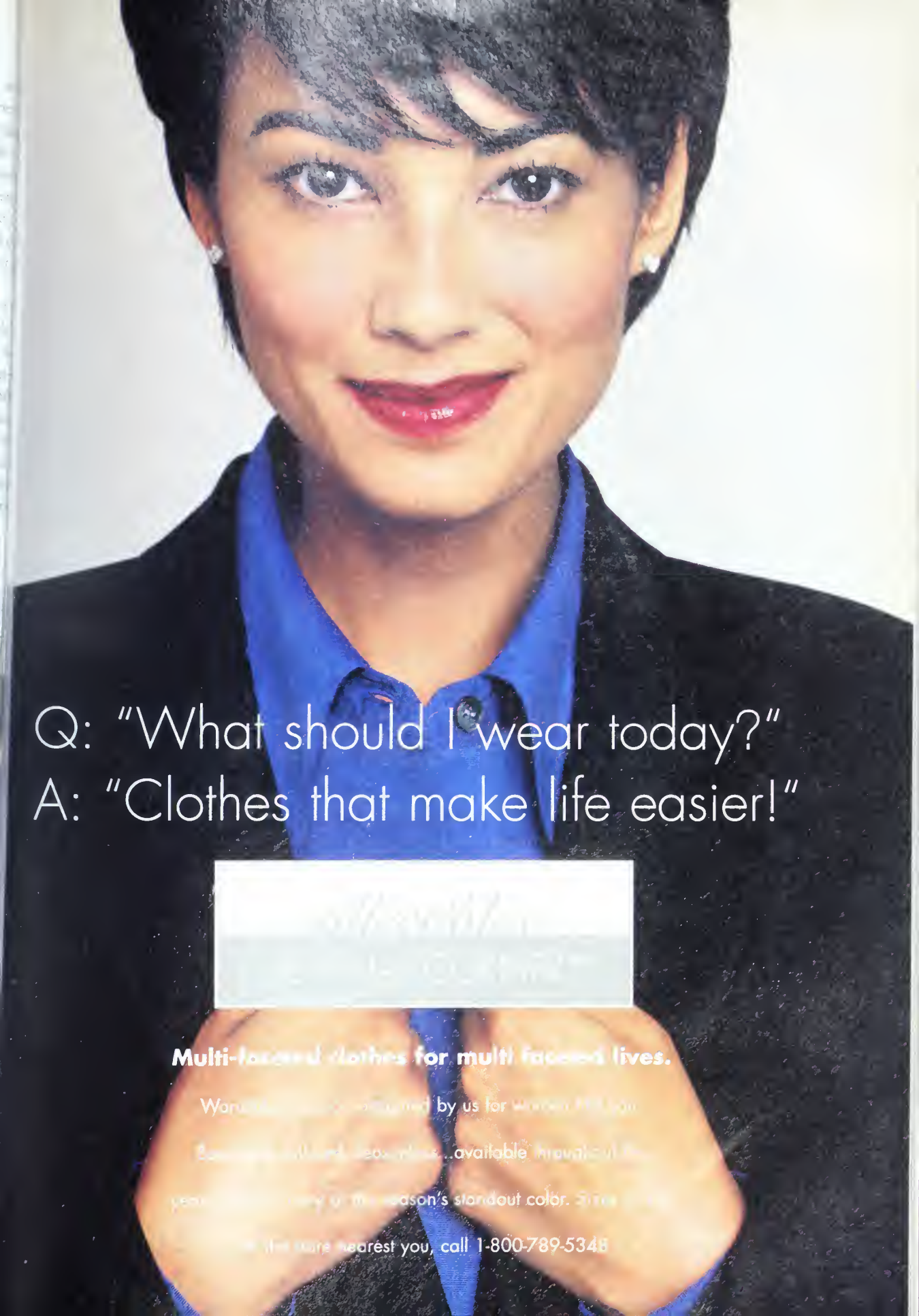
2. They learn as much as possible. Good sources of information include the Securities and Exchange Commission's Web site (www.sec.gov/consumer/onlitips.htm) and books such as The Electronic Day Trader (McGraw-Hill, 1998), How to Get Started in Electronic Day Trading (McGraw-Hill, 1998) and Computerized Trading (Prentice Hall, 1998).

3. They check out a day-trading company before signing up. State securities regulators can tell potential day traders whether a particular firm or its employees have a history of fraudulent activity. The names and addresses of state regulators are located on the North American Securities Administrators Association's Web site (www.nasaa.org).

If a company has a clean record and has been in business for at least three years, ask the following: What are the commissions? (Fees range from $5 to $50 a trade.) How long have the trainers been working? (Two years or more is ideal.) Who is responsible when the software goes down? (It should be someone on-site so it won't take long to fix problems.) Is the money in investors' accounts pooled together? (It's better if it's not.)

4. When the market is drifting without direction, they walk away from the computer. They know they're not likely to make money.

5. They don't trade at noon eastern standard time, when most New York brokers head for lunch. The volume of investing lightens and day traders lose the momentum they need to make a profit. —M.J.W.


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...m and out ... store opens ... Then she sells books until ... to pick up her daughter and friends for ballet or soccer practice. Sometimes that means doing stock research on the road.

"I've called my online broker and asked, 'Where did Microsoft close?' while three girls are giggling in the Suburban," she says. "The juggling usually works, although I've had to argue with my kids about whether we'll watch *Arthur*, or CNBC for the stock news."

Before McClure plunged into day trading almost two years ago, she had no stock-market experience. A friend told her about day trading and, after reading books on the subject, she learned about MB Trading, a brokerage based in El Segundo, California. Opening an account with $10,000 in family savings, McClure watched half the money disappear in two months. "I felt sick," she recalls.

Today, McClure follows mainstream stocks—Wal-Mart, Microsoft and Dell—trading whenever she thinks a price move will offer at least a $500 profit. The family's goal is to sock away McClure's day-trading proceeds for their retirement and the children's college educations. Last year, her profits reached $20,000, after taxes and thousands of dollars in commissions to MB Trading at $17.95 per trade. The first three months of this year, she ... $25,000.

"... having kids keeps you ..." says McClure. "One day, I ... proud of myself for having ... hundred dollars, and my ... on me and I burned the ... thought, Okay, no swelled ..."

CAUGHT IN A CON

BRENDA RICHARDSON, HOUSTON, TEXAS

In 1996, Richardson, a forty-eight-year-old pharmacist, took up day trading to help her nineteen-year-old daughter and several nieces pay for college. She withdrew $10,000 in savings to open an account at a Houston day-trading company. "I traded by watching others," she says.



Before long, Richardson found herself stuck with stocks that had dropped $50,000 in value, and she gave permission to a fellow trader to help handle her account. "He was a charmer," she says, "and I figured that two heads were better than one." At the trader's urging, she used $30,000 of her savings to open a second account. When he moved to California last year to allegedly become vice president of another firm, he continued to trade stocks for her, with her permission. What she didn't know was that he ratcheted up the pace of trading significantly. Over one ten-week period, he bought and sold $35 million worth of stock in her name through nearly fourteen hundred transactions. By the time Richardson was able to decipher her account statement, she realized she'd lost $20,000—and owed more than $30,000 in commissions and fees. "I felt violated," says Richardson.

Both firms and the trader have denied responsibility for the losses. Richardson is currently trying to recover $50,000 through an arbitration claim that's scheduled for adjudication this fall. But even if she wins her case, the precarious finances of many day-trading companies make collecting any damages difficult.

> "Day trading relies on luck, so you're likely to lose money," says industry expert Philip Feigin

With the help of other ... members, Richardson's daughter ... nieces are able to attend college. T... day she talks about what happened ... a cautionary tale. "Day trading itself isn't bad," she says. "It's the people who work for day-trading firms that you have to watch out for."

A TRADING NEWBIE

PRERNA ARORA, UNION CITY, CALIFORNIA

An active day trader since Jan..., Arora got involved because she ... ed to work at home while raising ... two-year-old son, Vayum. Months later, the twenty-nine-year-old still describes herself as "a trading newbie." She's already watched her $15,000 account shrink to $10,000. "Day trading is a steep learning curve," says Arora.



Like most day traders, Arora hopes to cash in on Internet stocks like E*Trade and Bid.com. She's already tasted success; recently she earned $3,000 from DoubleClick, an Internet advertising company.

Arora trades from home through an online brokerage, RML Trading of Bellevue, Washington, which executes her transactions for $14.95 a trade. ... even with a bachelor's degree in mathematics, she's learned that day trading operates its own cruel calculus. She ... calls one morning last April when, after a string of profitable days, she bought an Internet health-insurance company that suddenly reversed course and left her $4,000 poorer. To make up her loss, she snatched up another ill-fated stock and lost another $1,000.

Despite a bumpy few months, Arora remains optimistic. "It's like investing in any business," she observes. "You don't profit right away." For now, she's giving herself six more months. "If I become good, I'll continue," says Arora. "If not, I'll stop."

Michael J. Weiss is a contributing editor to Ladies' Home Journal.

YPE 2 DIABETES



Down with your blood sugar...

Up with your life

Lower your blood sugar with Glucophage, the #1 prescribed diabetes pill

ıg with diet and exercise, Glucophage can be taken on its own, ther with other diabetes pills called sulfonylureas, or together insulin to help lower blood sugar.

ıdding Glucophage to insulin lowers blood sugar better han insulin alone...and may reduce the amount of insulin you eed to take.

Glucophage works with your body...to help it make better ıse of its own natural insulin.

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wering your blood sugar is the single most important ng that you can do...to control your diabetes and can help vent complications, like blindness.

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THE #1 PRESCRIBED PILL FOR LOWERING BLOOD SUGAR

Important Information

The most serious side effect associated with Glucophage is called lactic acidosis, which is rare and has occurred in one in 33,000 patients on Glucophage over the course of one year. If lactic acidosis occurs, it can be fatal in up to half the cases. You should not take Glucophage if you have kidney disease or dysfunction, if you are 80 or older (unless you have first had your kidneys tested), if you are taking medication for congestive heart failure, if you have a history of liver disease, or if you drink alcohol excessively. The most common side effects are minor ones such as diarrhea, nausea, and upset stomach, which usually occur during the first few weeks on Glucophage. Please see additional important patient information on the next page.

Bristol-Myers Squibb Company

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F5-K144A Issued October 1999 Printed in USA

PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochloride tablets)

500 mg, 850 mg, and 1000 mg

WARNING: A small number of people who have taken Glucophage have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 10-14)

Q1. Why do I need to take GLUCOPHAGE?

Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fahj) to treat your type 2 diabetes. This is also known as non-insulin-dependent diabetes mellitus.

Q2. What is type 2 diabetes?

People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. Why is it important to control type 2 diabetes?

Studies have shown that good control of blood sugar can prevent or delay complications such as blindness.

Q4. How is type 2 diabetes usually controlled?

High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q5. Does GLUCOPHAGE work differently from other glucose-control medications?

Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q6. What happens if my blood sugar is still too high?

When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q7. Why would I take GLUCOPHAGE if I am already on insulin?

Because adding GLUCOPHAGE to insulin can help you better control your blood sugar while reducing the insulin dose and possibly reducing your weight.

Q8. Can GLUCOPHAGE cause side effects?

GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

Q9. What kind of side effects can GLUCOPHAGE cause?

If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need to have their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Most of these problems occur in up to one-third of patients initially prescribed GLUCOPHAGE, you should tell your doctor if the [illegible] lack of [illegible] during the therapy.

About [illegible] have reported having a temporary unpleasant or metallic taste when they started taking GLUCOPHAGE.

Q10. Are there any serious side effects that GLUCOPHAGE can cause?

GLUCOPHAGE rarely causes a serious side effect. The most serious side effect that GLUCOPHAGE can cause is called lactic acidosis.

Q11. What is lactic acidosis and can it happen to me?

Lactic acidosis is caused by a buildup of lactic acid in the blood. Lactic acidosis associated with GLUCOPHAGE is rare and has occurred mostly in people whose kidneys were not working normally. Lactic acidosis has been reported in about in 33,000 patients taking GLUCOPHAGE (metformin hydrochloride tablets) course of a year. Although rare, if lactic acidosis does occur, it can be fatal half the cases.

It's also important for your liver to be working normally when you GLUCOPHAGE. Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blood tests from time to time to make sure your kidneys and your liver are functioning normally.

There is no evidence that GLUCOPHAGE causes harm to the kidneys or liver.

Q12. Are there other risk factors for lactic acidosis?

Your risk of developing lactic acidosis from taking GLUCOPHAGE is very low as your kidneys and liver are healthy. However, some factors can increase your because they can affect kidney and liver function. You should discuss these your physician. You should not take GLUCOPHAGE if:

- You have chronic kidney or liver problems
- You have congestive heart failure which is treated with medications like in (Lanoxin®) or furosemide (Lasix®)
- You drink alcohol excessively (all the time or short-term "binge" drinking)
- You are seriously dehydrated (have lost a large amount of body fluid)
- You are going to have certain x-ray procedures with injectable contrast
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe infection stroke
- You are ≥ 80 years of age and have NOT had your kidney function tested

Q13. What are the symptoms of lactic acidosis?

Some of the symptoms include: feeling very weak, tired or uncomfortable muscle pain, trouble breathing, unusual or unexpected stomach discomfort cold, feeling dizzy or lightheaded, or suddenly developing a slow or irregular beat.

If you notice these symptoms, or if your medical condition has suddenly stop taking GLUCOPHAGE and call your doctor right away. Lactic acidosis is ical emergency that must be treated in a hospital.

Q14. What does my doctor need to know to decrease my risk of lactic acidosis?

Tell your doctor if you have an illness that results in severe vomiting, diarrhea fever, or if your intake of fluids is significantly reduced. These situations can severe dehydration, and it may be necessary to stop taking GLUCOPHAGE porarily.

You should let your doctor know if you are going to have any surgery or ized x-ray procedures that require injection of contrast agents. GLUCOPHAGE apy will need to be stopped temporarily in such instances.

Q15. Can I take GLUCOPHAGE with other medications?

Remind your doctor that you are taking GLUCOPHAGE when any new drug scribed or a change is made in how you take a drug already prescribed. GLUCOPHAGE may interfere with the way some drugs work and some drugs interfere with the action of GLUCOPHAGE.

Q16. What if I become pregnant while taking GLUCOPHAGE?

Tell your doctor if you plan to become pregnant or have become pregnant. other oral glucose-control medications, you should not take GLUCOPHAGE pregnancy.

Usually your doctor will prescribe insulin while you are pregnant. As with ications, you and your doctor should discuss the use of GLUCOPHAGE you nursing a child.

Q17. Are there other risks associated with GLUCOPHAGE?

There is some evidence that any oral diabetes drug may increase the risk of problems. Experts are not sure what the real risk is for heart problems, if any taking oral diabetes medicine.

Q18. How do I take GLUCOPHAGE?

Your doctor will tell you how many GLUCOPHAGE tablets to take and how often should also be printed on the label of your prescription. You will probably be ed on a low dose of GLUCOPHAGE and your dosage will be increased gradually your blood sugar is controlled.

Q19. Where can I get more information about GLUCOPHAGE?

This leaflet is a summary of the most important information about GLUCOPHAGE you have any questions or problems, you should talk to your doctor or other care provider about type 2 diabetes as well as GLUCOPHAGE and its side effects. There is also a leaflet (package insert) written for health professionals that pharmacist can let you read.

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Revised December 1998

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FUN FACTOIDS

Forget reading the nutrition information on the back of the candy wrapper—here's what you really need to know about sweets and treats



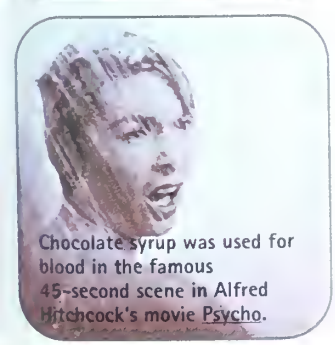
A jelly bean starts out as liquid goo, and takes seven to ten days to firm up before it's polished and packaged.



Hershey's Kisses get their name because the machine that makes them sounds like it's kissing the conveyor belt.



There are more than 500,000 miles worth of Tootsie Roll candy made every year. That's enough to stretch from Earth to the moon and back.



Chocolate syrup was used for blood in the famous 45-second scene in Alfred Hitchcock's movie Psycho.

Get Into the Spirit

Planning a Halloween party that adults can get into's easy. Just follow the advice of Nina Lesowitz, co-author with Lara Morris Starr of *The Party Girl Cookbook* (Conari Press, 1999), and pick a theme. This helps your guests choose costumes. Three to consider:

- **Come as You Were** (in your past life).
- **Mexican Day of the Dead.** Ask your guests to wear colorful Mexican garb. Decorate with flowers, fruit, skeletons and coffins, and play hot Latin music CDs. Serve margaritas and burritos.
- **Party of the Century.** Have your guests choose any decade of the twentieth century to represent (circle skirts for the fifties, bell-bottoms for the sixties, etc.). You may be surprised by what they have hiding in their closets.



GHOST TOWNS

INSTEAD OF WAITING FOR TRICK-OR-TREATERS TO COME TO YOU, WHY NOT GO VISIT A GHOST? SOME FAVORITE HAUNTED HOUSES ACROSS THE NATION

NEW ORLEANS, LOUISIANA The Haunted History Tour visits French Quarter locations associated with hauntings. There is also a vampire tour and a voodoo and cemetery tour.

SALEM, MASSACHUSETTS Rumor has it that the seventeenth-century mansion that inspired Nathaniel Hawthorne to write *The House of the Seven Gables* is haunted by characters from the novel and by the ghost of Hawthorne himself.

KEY WEST, FLORIDA Tours stroll Old Town, visiting Artist House Key West, Marrero's Guest Mansion, and Eaton Lodge, three inns that are reported to host ghostly presences.

IT SUITS YOU This year's most popular Halloween getups include *Star Wars* characters, Austin Powers, Xena and Tarzan—for *adults*. This year's kids' favorites include Madeline and the Spice Girls for girls, *Scream* and *Alien* characters for boys, and *Star Wars* characters for both genders.

CARTOON CLASSIC



"I'm afraid I've got some bad news."

WHEN DISASTER STRIKES

Hurricanes, floods, fires—would your family know how to cope in a crisis? To help, *Ladies' Home Journal* and the American Red Cross have teamed up to bring you this special section. It just might save your life **By Sharlene K. Johnson**

Without a doubt, 1998 was one of the wildest—and deadliest—weather years in recent memory. A series of violent storms from coast to coast took the lives of more than 460 people—twice the annual average. Each time, the American Red Cross was there. "We responded to two hundred and thirty-nine major disasters affecting close to three hundred thousand families," says Darren Irby, spokesperson for the Washington, D.C.–based nonprofit organization. "We committed more than a hundred and sixty million dollars in aid."

How disastrous will 1999 be? Hundreds of fatalities have already been attributed to extreme weather, including forty-eight people who died in tornadoes that hit Kansas and Oklahoma last May. But as the *Journal* goes to press, the real test is still to come. "We are preparing for a devastating hurricane season," Irby says.

Forecaster William Gray, at Colorado State University, in Fort Collins, predicts fourteen tropical storms and nine hurricanes—including four intense ones—for the season, which runs through November 30. "We believe we've entered a new era for storm activity," Gray says. "We think these are normal changes that are not due to anything humankind has imposed, such as a warming effect from greenhouse gases."

Whatever the cause, your best defense against any disaster is to be prepared. Here, the stories of survivors, plus how to protect yourself and your family.

TWISTER!

On May 27, 1997, Cindy Heinzman, forty-one, of Cedar Park, Texas, was returning home after a day of running errands, when she saw a woman burst out of her house and point to the sky. There, in the distance, was the funnel cloud of a tornado. Terrified, Cindy raced home to her children, Chelsea, ten, *(continued on page 82)*



Much of the Heinzmans' neighborhood was destroyed by the slow-moving tornado

Red Cross to the rescue

Disaster relief is a never-ending job. The Red Cross responds to more than 66,000 disasters annually. The most common one in the U.S.? Residential fires, with about 150 families seeking help every day. No matter what the disaster, the agency's relief efforts focus on people's immediate needs: providing food, shelter, medical care and mental-health services.

"We have a volunteer staff of about 1.34 million across the country," says spokesperson Darren Irby. "Volunteers do everything from providing meals and driving our emergency vehicles to setting up computers on a disaster-relief assignment."
To sign on as a volunteer, contact your local chapter.

To find out more about the Red Cross, visit the agency's Web site at www.redcross.org.

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WHAT A DISASTER!

Important information about some of the most common weather-related crises

	BLIZZARD	EARTHQUAKE	FIRE	FLOOD	HURRICANE	TORNADO
Danger zones	Most of the U.S.	Usually west of the Rockies, but all fifty states are vulnerable.	House fires: nationwide. Wildfires: forested, brush or grassy areas are most at risk.	Nationwide; low-lying communities or those near water or dams are most at risk.	The Atlantic and Gulf coasts from Texas to Maine; also Hawaii.	Anywhere, but most strike in the Midwest, Southeast and Southwest.
When they strike	Winter	Year-round	House fires are more common during winter months; wildfire danger tends to peak in summer.	After spring rains, heavy thunderstorms or snowmelts.	June 1 through November 30; August and September are peak months.	Generally March through August; over 80 percent hit between noon and midnight.
How to prepare	Winterize your home; protect pipes from freezing; prepare safe emergency heating; have disaster supplies on hand.	Identify safe places in every room; help kids practice what to do until it's an automatic response.	Check for fire hazards; practice a family escape plan; maintain smoke detectors and fire extinguishers.	Find out if your area is prone to floods; buy flood insurance; plan and practice an evacuation route.	Plan an evacuation route; consider buying flood insurance; install shutters or buy plywood to cover windows.	Practice tornado drills with your kids; have a disaster supplies kit on hand (for more information, see page 84).
How to survive	Stay inside; dress warmly in loose-fitting layers. If you're stuck in a car, stay put and wait for help.	Get under a sturdy piece of furniture, such as a desk or table; hold on to one of the legs, and protect your eyes, head and neck.	Never underestimate the speed of a fire. Whether it's in your house or nearby, evacuate fast, then call for help.	Move to higher ground; if your car stalls because of the water, abandon it immediately.	Stay inside, away from windows. If an evacuation is necessary, head inland (you may need to drive twenty to fifty miles to be safe).	Go to a storm cellar or an interior room without windows on the lowest level of your home; listen to a battery-powered radio for updates.
Warning	The number-one cause of winter-storm deaths is car or other vehicle accidents. Stay home.	Many injuries are caused by collapsing walls, flying glass, and falling objects.	More people die from asphyxiation than from flames.	Dam failures and flash floods can release enormous amounts of water in just a few minutes.	Ninety percent of hurricane deaths are caused by huge domes of water called storm surges.	If you're on the road, get out of your car and lie flat in a ditch (watch for flooding).

(continued from page 76) and Addison, four, who were with a baby-sitter.

She pulled into the driveway at about 4:03 P.M.—right behind her husband, Phil, forty, a district manager for American Honda Motor Company. The couple spotted three slow-moving funnel clouds heading their way and hurried into the house.

The Heinzmans quickly gathered water, food and a heavy quilt and took the supplies to a small, windowless powder room in the interior of the house.

Chelsea was crying, worried about their pets, so Cindy and Phil put their two greyhounds in another bathroom. By then, one of the funnel clouds was about a block away—close enough that the Heinzmans could identify some of the flying debris: pieces of wood, a seat cushion and a large flash of white that may have been a wall.

Back in the powder room, Chelsea asked tearfully about the family cat. Unbelievably, in order to calm his daughter, Phil went out to look for the cat, but when he opened his front door, the neighbor across the street yelled, "It's in your backyard! Get inside!"

Seconds later, at 4:13 P.M., the twister hit. While the family huddled together and prayed, they heard boards cracking, windows *(continued)*

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Sale Ends October 31, 1999

...thought and the roar of ... pressure was ... popping ... ears and mak... hard to breathe. It felt as ... the whole house were rising.

In minutes it was over. They could now hear pounding rain and hail. Outside, the scene was eerie. The power was out and the sky, once dead black, was gradually growing lighter. People were pouring out of their houses to check on their neighbors. "It was almost festive, almost like a block party," Cindy says. "We were happy to be alive." Sadly, there was one death in the neighborhood, an elderly man who had suffered a heart attack.

Debris was everywhere. "We found shards of glass over a foot long stuck in the carpets and furniture," says Cindy. The Heinzmans' kitchen was a mess, and the roof had been picked up by the wind, twisted slightly off-kilter, then dropped back down. Their newly landscaped yard was almost stripped bare. The damages totaled more than $35,000. Fortunately, everything except the landscaping was covered by homeowner's insurance.

"When you put it in perspective, we came out okay," Cindy says. Chelsea and Addison were clingy at first, she says, but she and Phil spent a lot of time comforting the children and letting them talk about their feelings after the ordeal.

"I think our family is closer today," Cindy adds. "We're stronger. Having gone through this, we know we can do anything."

BURIED IN MUD

Paula Kudroff, a thirty-eight-year-old school librarian in Rio Nido, California, thought the rain would never end. It was February 1998, and the rain had been pouring down on and off for forty days. Says Paula, "It was a horrible, horrible time."

On February 6, the rain was particularly heavy, so Paula and her husband, Jim, a forty-five-year-old construction foreman, decided to stay in San Francisco at Jim's mother's house with their two kids, Kachina, twelve, and Eric, eight. "The weather forecasters were expecting the river near our home to crest and flood," Paula explains.

That night, while the family slept peacefully in San Francisco, the hill behind their house collapsed in a massive landslide. One of their neighbors called the next morning. She and her family had been evacuated in the middle of the night, she told Paula. While she didn't know the full extent of the damage, she said, *(continued)*





After the mud slide, "Kachina (left) cried, and Eric told his teacher that Mother Nature wrecked his house," says Paula Kudroff

How to be prepared

"Unless you've been personally affected by a disaster, you may not see the relevance of preparing for one," says Dan Irby. "But disasters can happen anywhere, anytime, to anyone." That's why he urges every family to have a disaster plan. Use this checklist to help you prepare.

- **Contact local emergency planners or the Red Cross chapter in your town to learn about disasters that might happen in your area and get specifics on how to prepare and respond.**
- **Post emergency numbers near your telephones (fire, police, ambulance, poison control, and so on).**
- **Teach your children how and when to call 911 or your local emergency service number for help.**
- **Learn how to turn off utilities such as water and electricity at the main shutoff. Make sure every family member knows how to do this if a leak is suspected.**
- **Plan and practice the best escape routes from your house. Try to find two ways to leave each room, and designate a meeting spot for family members. Also locate safe places within your home to ride out various types of disasters.**
- **Develop an emergency communication plan, in case you're separated from family members when disaster strikes. Make sure that everyone knows each other's cell phone numbers. Designate an out-of-state friend or relative as your central contact person (during a disaster it's often easier to make long-distance calls than it is to dial locally).**
- **Take a Red Cross first-aid class.**
- **Consider buying an NOAA (National Oceanic and Atmospheric Administration) Weather Radio for continuous access to weather warnings and forecasts from the National Weather Service. Features to look for: a tone-alert, battery backup and Specific Area Message Encoder (which alerts you automatically when a weather watch or warning is issued for your area).**

Emergency supplies kit

Red Cross experts recommend that every family stock disaster supplies in a portable container such as a large backpack, duffel bag or covered plastic tote. Start with the basics, then collect the additional items for a complete evacuation kit.

The basics: Battery-powered radio and flashlight (each with extra batteries); first-aid kit and first-aid manual; prescription drugs; credit card, cash and identification; extra car keys; waterproof matches; signal flare; area maps and phone numbers of places you can stay if necessary; special-needs items such as diapers and spare eyeglasses.

If a weather or disaster alert is issued: Add food and water to your emergency supplies (experts recommend three gallons of water per person, and a three-day supply of nonperishable foods, such as ready-to-eat canned meats, fruits and vegetables). And don't forget disposable cups, plates, utensils, a can opener and a utility knife.

If you have to evacuate your home: Gather clothing, toiletries and bedding. Be sure to include an extra pair of sturdy shoes or boots, rain and cold-weather gear, blankets or sleeping bags, and sunglasses.



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Dinner on Hand



For great dinner ideas see attached booklet or visit www.kraftfoods.com

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The Banks family lost everything in the fire that ravaged their home

...look good."

...himself, leaving ... with the kids. ... crews stopped him before he reached their house, but he could see that their street was a river of mud, and their home was destroyed. On the way back to San Francisco, he called Paula on his cell phone and told her their house was gone. "What do you mean *gone*?" she asked in disbelief. "Until you see it for yourself," she explains now, "you can't really believe it."

Three weeks later residents were finally allowed back into the neighborhood. "It was mind-boggling," says Paula. "Our house was completely destroyed. [Many other houses in the neighborhood were severely damaged.] The second story had toppled off and was lying sideways in our neighbor's driveway. The whole first level was flattened and strewn along the road in bits and pieces. Our refrigerator was buried in mud halfway down the street and our couch was smashed against the telephone pole." The Kudroffs lost all of their possessions except for their canoe and a few photos.

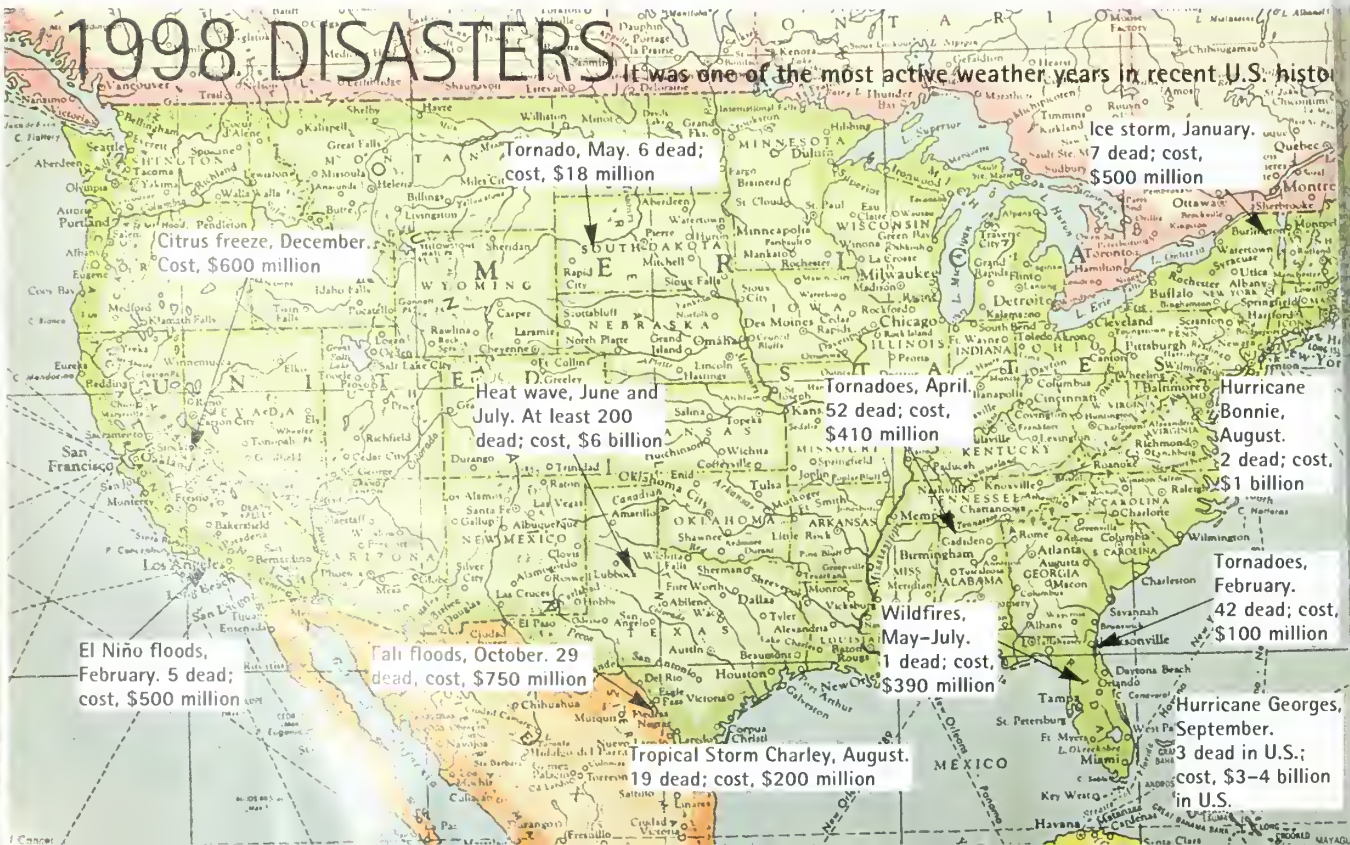
The family was devastated. "We had lived there nine years, since our daughter was small," Paula says sadly. "Kachina cried. Our son told his teacher that Mother Nature came and wrecked his house. Now, when it rains, he says, 'Can the mud come here?'"

More than a year after the disaster, the family is still living in Jim's mother's house in San Francisco. Although they were insured, their policy—like most—did not cover landslides. Recently, Sonoma County bought out the area's homeowners, much to the Kudroffs' relief. Although they got only about 75 percent of their home's $107,000 appraised value, it allowed them to pay off their mortgage so they no longer have to make payments on a house that doesn't exist.

Their plans for the future are tenuous. For now, Paula is simply thankful that her family ... not home that mi... But what she mi... is the sense of secu... ty that drew her fa... ily to their Rio N... neighborhood in ... first place. "It was ... ally quiet, really peaceful," she sa... "I hope we can find that again."

UP IN SMOKE

"There was nothing left. Not a pie... of clothing, not a book, not a pictu... frame," says Robin Banks, a thirt... three-year-old public assistance sp... cialist whose Palm Coast, Flori... home was destroyed in the brush fi... that ravaged the state in the summ... of 1998. On July 2, Robin and h... husband, Todd, thirty-five, had be... ordered to evacuate with their tw... children, Ciera, *(continued on page 9*



YOU MADE
3 BANANA
CREAM PIES
FOR THE
BAKE SALE.



YOUR 'HELPER'
FOUND THAT
1 LOST BANANA
PEEL.

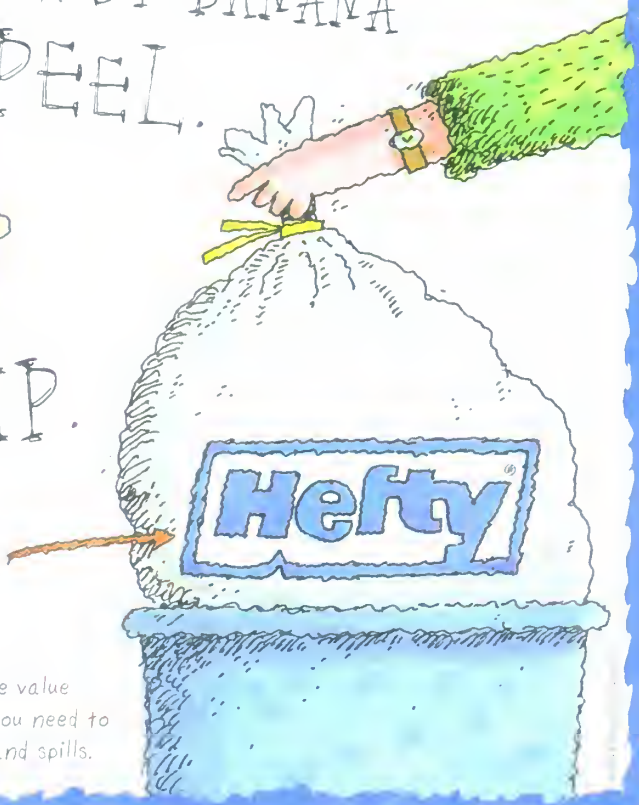


AN
UNFORTUNATE SLIP-UP.

DON'T WORRY. YOU'VE GOT



Hefty TwistTie bags have the value you want and the strength you need to guard against tears, leaks and spills.



TALL KITCHEN BAGS

Introducing

Avandia®

rosiglitazone maleate

A new treatment for type 2 diabetes.

Strengthen your body's own ability to control blood sugar.

"I manage my type 2 diabetes through diet, exercise and medication.

"The medication my doctor prescribed is *Avandia*. *Avandia* works differently from most other diabetes medications. It strengthens my body's ability to use its own natural insulin more effectively for long-lasting improvement in blood sugar control. I can feel comfortable taking *Avandia* tablets because they're safe to take as prescribed once or twice a day."

I am stronge

In studies, the most common side effects included coldlike symptoms and headache. A small percentage of people experienced anemia and/or mild to moderate swelling of their legs or ankles. If you experience these or other symptoms, talk to your doctor.

As with most diabetes medications, you may experience an increase in weight (3 to 8 lbs). This often occurs with improved blood sugar control.

If you are a premenopausal woman who is not ovulating, you should know that *Avandia* therapy may result in resumption of ovulation, which may increase your chances of becoming pregnant. Therefore, you may need to consider birth control options. Talk to your doctor before taking *Avandia* if you are nursing, pregnant or thinking about becoming pregnant.

While taking *Avandia*, follow your doctor's guidelines for periodic liver monitoring. If you experience nausea, vomiting, stomach pain, tiredness, anorexia, dark urine or yellowing of the skin, talk to your doctor immediately. Please see important patient information on the following page.

For improved blood sugar control, follow the diet, exercise, weight-loss and medication plan recommended by your doctor and test your blood sugar regularly.

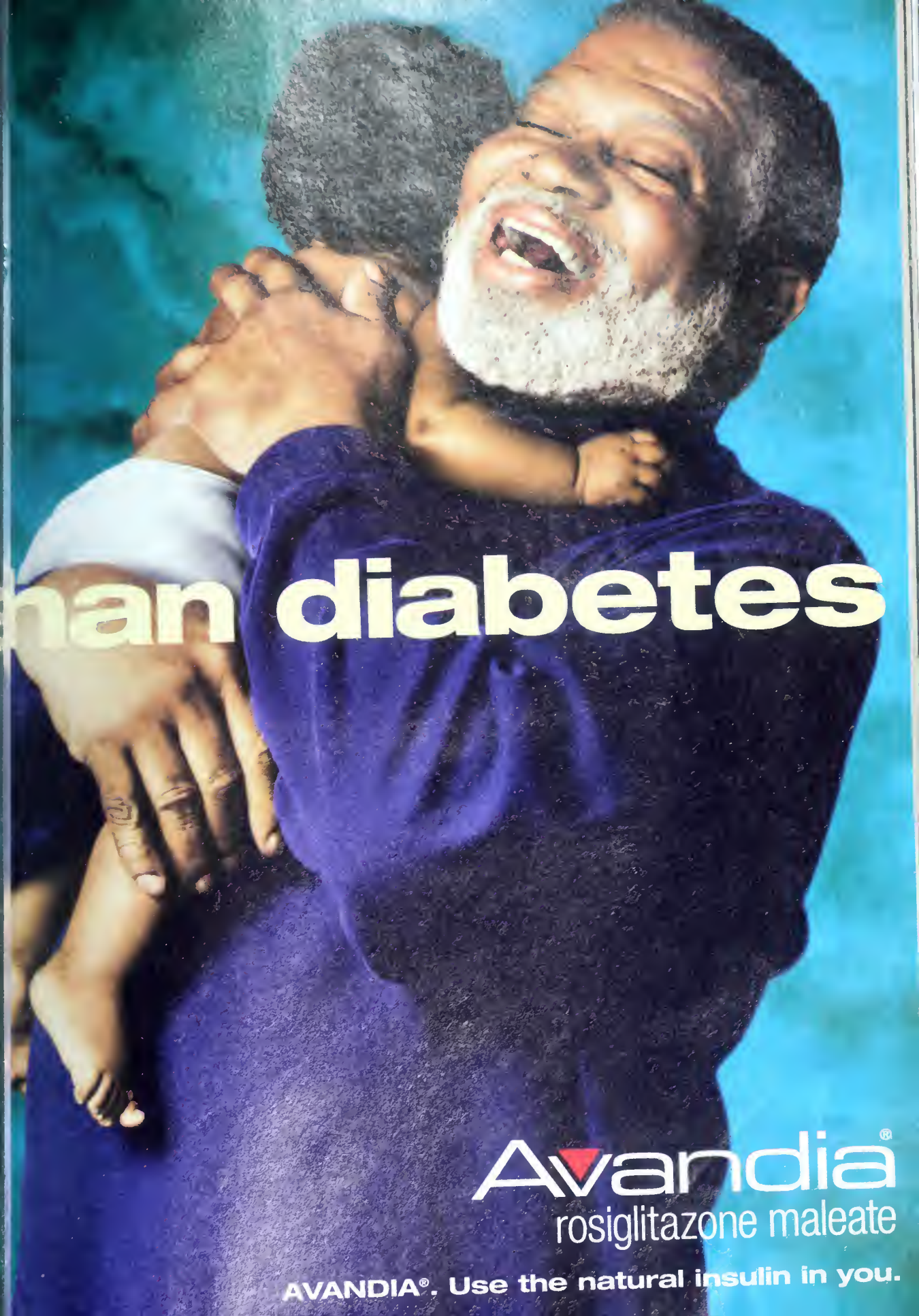
If you have type 2 diabetes, talk to your doctor.

Or for more information, call 1-800-AVANDIA.

www.avandia.com

SB SmithKline Beecham Pharmaceuticals

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han diabetes
Avandia®
rosiglitazone maleate
AVANDIA®. Use the natural insulin in you.

maleate) Tablets
and 8 mg

of prescription drugs
(rosiglitazone lid-een-die-owns). It is
by helping the body use the
already making, *Avandia* comes as pills that can
once a day or twice a day to help improve
blood sugar levels.

How does *Avandia* treat type 2 diabetes?
your body still produces insulin but
the insulin. Insulin is needed to allow
from the bloodstream into many cells of the
body for energy. If insulin is not being used correctly, sugar
does not enter the cells very well and builds up in the blood. If
not controlled, the high blood sugar level can lead to serious
medical problems, including kidney damage, blindness and
amputation.

Avandia helps your body use insulin by making the cells more sensitive to insulin so that the sugar can enter the cell.

How quickly will *Avandia* begin to work?
Avandia begins to reduce blood sugar levels within 2 weeks. However, since *Avandia* works to address an important underlying cause of type 2 diabetes, insulin resistance, it may take up to 12 weeks to see the full effect. If you do not respond adequately to your starting dose of *Avandia*, your physician may increase your daily dose to improve your blood sugar control.

How should I take *Avandia*?
Your doctor may tell you to take *Avandia* once a day in the morning or twice a day in the morning and evening. It can be taken with or without meals. Food does not affect how *Avandia* works. To help you remember to take *Avandia*, you may want to take it at the same time every day.

What if I miss a dose?
If your doctor has prescribed *Avandia* for use once a day:

- As soon as you remember your missed dose, take one tablet anytime during the day.
- If you forget and go a whole day without taking a dose, don't try to make it up by adding another dose on the following day. Forget about the missed dose and simply follow your normal schedule.

If your doctor has prescribed *Avandia* for use twice a day:

- As soon as you remember the missed dose, take one tablet.
- Take the next dose at the normal time on the same day.
- Don't try to make up a missed dose from the day before.
- You should never take three doses on any single day in order to make up for a missed dose the day before.

Do I need to test my blood for sugar while using *Avandia*?
follow your doctor's instructions about your
at

Does *Avandia* cure type 2 diabetes?
Currently there is no cure for diabetes. The only way to avoid the effects of the disease is to maintain good blood sugar control by following your doctor's advice for diet, exercise, weight control, and medication. *Avandia*, alone or in combination with other prescription drugs, may improve these other efforts by helping your body make better use of the insulin it already produces.

Avandia has been taken safely by people using other
tions, including other antidiabetic medications, birth
pills, warfarin (a blood thinner), Zantac® (ranitidine, a
product manufactured by Glaxo Wellcome Inc.), oral
medications, and some cholesterol-lowering products.
should discuss with your doctor the most appropriate
you. If you are taking prescription or over-the-counter
for your diabetes or for conditions other than diabetes,
to tell your doctor.

What should I discuss with my doctor before taking *Avandia*?
You should talk to your doctor if you have a history of
liver problems or congestive heart failure, or if you are
pregnant or thinking of becoming pregnant. If you are a
menopausal woman who is not ovulating, you should
that *Avandia* therapy may result in the resumption of
which may increase your chances of becoming pregnant.
Therefore, you may need to consider birth control options.

What are the possible side effects of *Avandia*?
Avandia was generally well tolerated in clinical trials. The
common side effects reported by people taking *Avandia*
upper respiratory infection and headache. As with other
diabetes medications, you may experience an increase
(3 to 8 pounds). This often occurs with improved blood
control. *Avandia* may also cause edema and/or anemia.
experience any swelling of your extremities (e.g., legs,
or tiredness, notify your doctor.

Who should not use *Avandia*?
The following people should not take *Avandia*: People
type 1 diabetes, people who experience yellowing of
with Rezulin® (troglitazone, Parke-Davis), people who are
gic to *Avandia* or any of its components and people
diabetic ketoacidosis.

Why are laboratory tests recommended?
Your doctor may conduct blood tests to measure your
sugar control. In addition, your doctor may conduct
enzyme tests. *Avandia* did not show signs of liver problems
studies. However, because a related drug (*Rezulin*) was
associated with such problems, and because *Avandia* has
been widely used, your doctor may recommend a blood
monitor your liver before you start taking *Avandia*, every
months during the first year and periodically thereafter.

It is important that you call your doctor immediately if you
rience nausea, vomiting, stomach pain, tiredness, loss
dark urine, or yellowing of the skin.

How should I store *Avandia*?
Avandia should be stored at room temperature in a closed
container out of the reach of children. Store *Avandia* in its
inal container.

DATE OF ISSUANCE AUG. 1999

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SmithKline Beecham Pharmaceuticals
Philadelphia, PA 19101

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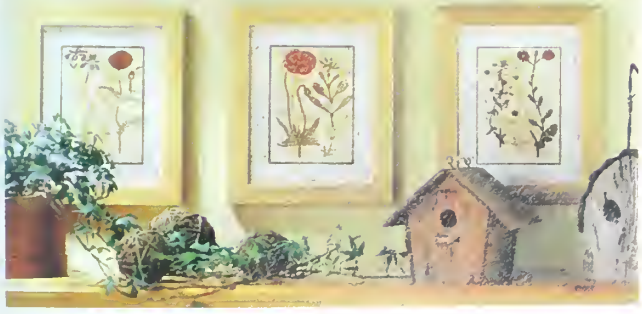
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special offer

Pretty Posy Prints

ing the outdoors in with this set of ready-to-hang framed prints that plicates the look of pressed flowers without the high price





This set of three Pressed Posy Prints features images of delicate wildflowers on a creamy-toned background. A mat design, which is part of the print, features a thin barklike strip surrounded by the look of handwritten script on parchment. Each print is mounted under glass and framed in a natural-finished wood frame.

Available to the readers of *Ladies' Home Journal*® by special arrangement with MTC Art. The price of the set of three 10x12 inch framed prints is $54.95, which includes shipping*, handling, and applicable sales tax.

TO ORDER: Call 800-763-6393 (MasterCard, Visa and Discover Card) or send your name, street address and a check or money order to *Ladies' Home Journal* Resources, Dept. LHJ699, P.O. Box 9381, Des Moines, IA 50306-9381. *For orders outside of the contiguous United States, please add $15 for shipping and handling. Visit our Web site at www.LHJ.com/lhjshopping.

Charles Wysocki's Days to Remembe
a year-long celebration

First-ever collector's-plate calendar from the foremost pain
Early American life—Charles Wysocki



Calend[illegible] display measures a[illegible]proximately 23 inches H[illegible] 10½ inches W. No [illegible]ssembly required.

Perfect for making an unforgettable occ[illegible] every day ... acclaimed artist Charles Wy[illegible] best-selling art appears for the *first-time* [illegible] a collector's-plate calendar series with a [illegible] FREE display.

From January to December, *Charles* [illegible] *Days to Remember* builds into an outsta[illegible] Plate Market First collection. Mr. Wys[illegible] unique look at *days gone by* creates a[illegible] long celebration of some of America's [illegible] memorable and most sought-after collecti[illegible]

Created on fine-porcelain from the belo[illegible] artist's original work, each of the 12 hand-n[illegible] collector's plates is banded in 22-karat go[illegible] is limited to just 95 firing days. These enc[illegible] plates come with a charming, hardwo[illegible] calendar display and 52 date and speci[illegible] occasion tiles—a $75 value—yours FREE*

Charles Wysocki's limited-edition prin[illegible] plates are in great demand. So, to acquire [illegible] *Charles Wysocki's Days to Remember* at n[illegible] $29.95 per plate issue price beginning wit[illegible] "January"—with the Bradford Exchange 3[illegible] money-back guarantee—send no money n[illegible] Just complete and mail the coupon today.

Free!

$75.00 Value Hardwood Perpetual Calendar Display











Comes with 33 hardwood date tiles, 7 blank tiles and 12 Wysocki art "special day" tiles.

Tiles shown smaller than actual size.

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Rotate your plates with each new month for a whole year of Wysocki art

Plates shown smaller than actual size of 6½ inches.

THE BRADFORD EXCHANGE

9345 Milwaukee Avenue Niles IL 60714-1393

YES. Please enter my order for the 12-plate *Charles Wysocki's Days to Remember* collection with FREE calendar display.** beginning with "January." I understand I need SEND NO MONEY NOW. I will be billed $29.95* when each plate is shipped. *Limit: one collection per order.* Hurry! Exceptional "Firsts" are often in Great Demand!

Please check one Are you purchasing this plate

For yourself? 41259-E88091 or as a gift? 41259-E88092

Signature _____

Mr. Mrs. Ms. _____

Name (Please Print Clearly)

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City _____ State _____ Zip _____

Home Telephone Number (_____) _____



THE DOCTOR WHO FIGHTS DISASTERS

In July, Bernadine Healy, M.D., was appointed to succeed Elizabeth Dole as president of the American Red Cross. Healy, fifty-five, a cardiologist, was the first woman to head the National Institutes of Health (NIH), in 1991, and the first female science adviser to the White House. A former president of the American Heart Association, Healy—who is married to Floyd Loop, M.D., C.E.O. of the Cleveland Clinic and has two daughters (Bartlett, twenty, and Marie, thirteen)—was the dean of the College of Medicine and Public Health at Ohio State University, in Columbus, for the last four years.

Recently, the doctor talked with LHJ about her accomplishments, her plans for the Red Cross and what she learned from her battle with cancer earlier this year.

Over the years, you've worked hard to make women's health a field of medicine in its own right. What's that been like?

I was doing something I cared about, something that my heart as well as my head believed in. I felt it was about making the world a little better place. That's why I went into medicine.

Fifteen years ago, I launched a women and heart-disease program that focused on prevention and awareness. It's a concept that seems so simple to us—that women should be included in clinical trials, that women's diseases biologically are quite often different from men's. I think that fact has finally been brought home. But we can't backslide. I hope that isn't going to happen.

You've always been somewhat controversial. You were criticized for your management style at NIH, and for supporting clinical studies of tamoxifen, which is now commonly prescribed to reduce recurrences of breast cancer. Why were you such a lightning rod?

If you're determined, if you believe you are trying to do the right thing, you're willing to stand up and pursue it. Obviously, not everyone is going to agree with you.

In the instance of the tamoxifen study, I was well informed on that issue and wouldn't back down from supporting the trial. I am delighted it turned out to be such a powerful study and that tamoxifen is now used by so many women to fight breast cancer. But even if it hadn't worked, the decision to go ahead with the study was the right one.

What are your major goals for the Red Cross?

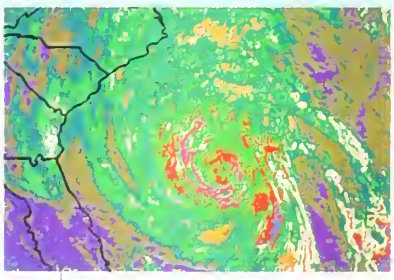
One is to increase the volunteer base. The other is, where do we go in the future? With situations like the school shootings in Littleton, Colorado, you see the battlefield in places we never could have imagined. Another area is to increase financial resources.

(continued on page 101)

How you can help

When a string of deadly tornadoes hit Oklahoma and Kansas last May, causing forty-eight deaths and a billion dollars in damages, people across the country wanted to help. Unfortunately, some well-meaning but misguided gestures left relief organizations with another disaster on their hands. People sent everything from pillows and food to used underwear and mismatched shoes. Sorting, storing and distributing goods turned out to be a logistical nightmare.

The lesson here? The best way to help is to send money to a reputable relief organization. Instead of sending clothing or household goods, have a garage sale and donate the proceeds. If you can't manage a financial donation, consider giving blood (often in demand after a crisis), or contact your local Red Cross about volunteer opportunities.



Hurricanes tend to strike in the summer and fall

(continued from page 86) now five, and Aaron, nearly two. When the family returned a few days later, the ground was still smoldering as they stared in shock at the spot where their rented home had once stood. Amazingly, the house next door was untouched by the flames.

For weeks before the disaster, as fires had raged nearby, the Bankses had grown more and more concerned. Still, says Robin, "we thought we would be spared." The day of the evacuation, the Bankses grabbed some clothes, important papers and photos and drove to Robin's parents' house nearby. Minutes later, that area was evacuated as well, and the entire family headed to a hotel. They spent the next couple of days trying to get some information about their house. Officials would tell them only that they couldn't go back to their neighborhood. It was a nerve-racking time.

On July 5 authorities finally announced that an information hotline had been set up. Todd called and was told to take his family straight to a shelter in a local school. "They said there's no need to go back," Todd told Robin.

"I just didn't understand that," she says. "I had to go back, to see if I could find something, anything. We didn't have much, but there were things that were special to us."

Even now, Robin still finds herself looking for things she knows are gone, like Ciera's favorite book, *It's Not Easy* *(continued on page 101)*

e your migraine.

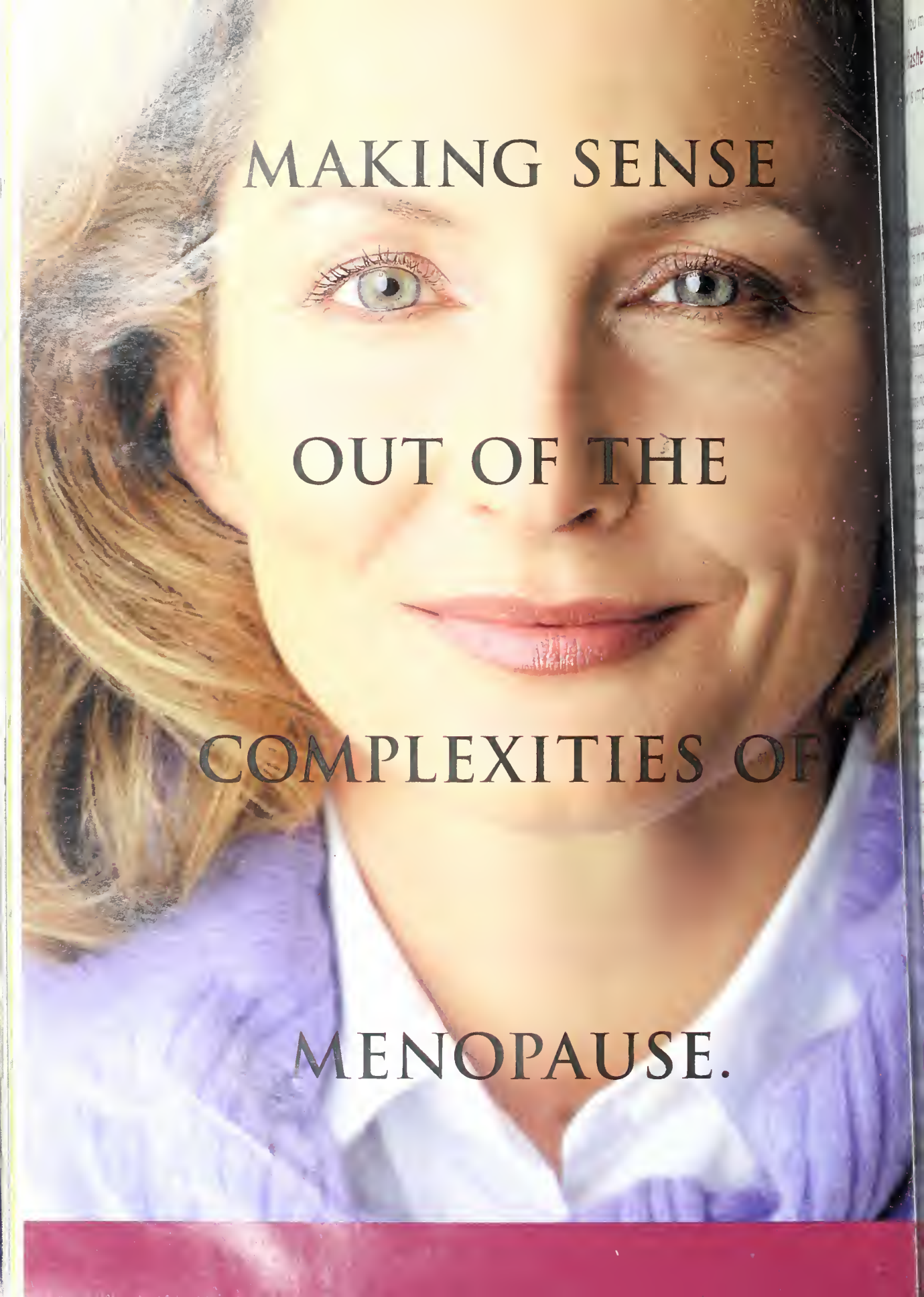
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MIGRAINE ICE™
COOLING HEADACHE PADS
for Migraine Sufferers
Instant Soothing, Cooling Relief That Lasts For Hours
Safe to Use With Medications

Nothing can stop the agony of a migraine. But now new fast-acting Migraine Ice™ and your pain reliever can help you manage the pain. Migraine Ice is a long-lasting cooling headache pad that gives you soothing relief even before your pain reliever starts working. It's available in different sizes-forehead, temple and neck-so you can apply it exactly where you feel the pain. Look for Migraine Ice Cooling Headache Pads where you buy your pain relievers. Ice your migraine℠ with Migraine Ice.

THE NEW WAY TO MANAGE YOUR MIGRAINE.

For more information call 1-877-2-SOOTHE or visit www.migraineice.com

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MAKING SENSE
OUT OF THE
COMPLEXITIES OF
MENOPAUSE.

You may not even know you're losing estrogen, but the symptoms of menopause—*lashes, night sweats, vaginal dryness*—are signs of estrogen loss. Protecting yourself is important because estrogen loss can lead to future health problems like *osteoporosis.*

PREMPRO CAN HELP.

nding menopause and estrogen loss.

in menopause, significant changes are occurring
our body. The hot flashes, night sweats, and vagina
you may be experiencing are the signs that your
producing less estrogen. PREMPRO can relieve these
ns and help you feel better.

rou have only mild hot flashes or night sweats, or
none at all, you are still losing estrogen during
use, and that can lead to osteoporosis, which can
our future health. Many women begin to lose bone
rly in menopause. In fact, a woman can lose up to
her bone mass in the first 5 to 7 years after
use begins, which could contribute to future fractures

o offers proven health benefits during and enopause.

o, hormone replacement therapy, is prescribed for
who have not had a hysterectomy to relieve the
ortable symptoms of menopause. PREMPRO is proven
ve the hot flashes that can disrupt your days. It also
es the night sweats that can interrupt your sleep,
nay leave you tired and irritable the next day. With
o, you should stop experiencing these symptoms,
within days of starting therapy.

weeks, PREMPRO can ease the discomfort of
dryness, that can interfere with sexual intimacy.
portantly, studies have shown that PREMPRO
lps to protect against osteoporosis, by helping
vent early bone loss and reducing hip and wrist
es by approximately 60%.

-tablet PREMPRO.

end of multiple estrogens in PREMPRO is the same
ed in the most widely studied of all estrogen
cts. With PREMPRO, you can feel confident you
tting the same blend of estrogens that women
heir doctors have trusted for over 55 years
ned with a progestin in one, convenient tablet.

can be side effects with PREMPRO.

en can increase the risk of cancer of the uterus.
stin combined with estrogen, as in PREMPRO,
es this risk. If you have had a hysterectomy, you do not have this risk. Progestins may have unfavorable effects on blood sugars, which may worsen a diabetic condition. Side effects of PREMPRO include blood clots, nausea, vomiting, breast tenderness, and abdominal pain.

PREMPRO may not be right for every woman.

When you discuss taking PREMPRO with your doctor or other health care provider, be sure to discuss your personal and family medical history, including any breast cancer, uterine cancer, abnormal vaginal bleeding, abnormal blood clotting, stroke, heart disease, or liver disease. You should not take PREMPRO if you have had any of these conditions. Pregnant women should not take PREMPRO because of possible risk to the fetus.

Protect your health now with PREMPRO.

Now, more women than ever are taking an active role in their own health care. If you are in menopause, there's no better time to ask your doctor if PREMPRO is right for you. Taking PREMPRO today can relieve your uncomfortable symptoms, and may help protect you from osteoporosis. Speak to your doctor or health care provider now about the proven benefits of PREMPRO.

Please see the important information on the following page

SHOULD YOU SPEAK WITH YOUR DOCTOR ABOUT MENOPAUSE?

Have your periods stopped or become irregular?__

Have you started to experience hot flashes?__

Have you been unable to sleep or awakened because of excessive sweating?__

Has vaginal dryness interfered with sexual intimacy?__

Do you have a small frame or family history of osteoporosis?__

If you answered yes to any of these questions, you should speak to your doctor.

PREMPRO™

(conjugated estrogens/medroxyprogesterone acetate tablets)

0.625 mg/2.5 mg

PRESCRIBING INFORMATION FOR THE PATIENT

conjugated estrogens/medroxyprogesterone acetate tablets.

conjugated estrogens/medroxyprogesterone acetate tablets.

benefits and risks of treatment

estrogen and a progestin. The com-

benefits of estrogen replacement therapy while

This therapy is not intended for

decision with your doctor whether the risks

benefits. The length of treatment with estrogens can vary

you are using the lowest possible effective dose

menstrual-like bleeding patterns may occur. These may range

occurs. It is frequently light spotting or moderate

your bleeding pattern and set up an appropriate

USES OF ESTROGEN

produced by the ovaries of normal

in all women usually between the ages of 45 and 55

decrease. Some women develop very uncomfortable symptoms such as feelings

or sudden intense episodes of heat and sweating ("hot flashes" or "hot flush-

help the body adjust to lower estrogen levels and reduce these symptoms. Some

menopause symptoms. Others' symptoms can be severe. These symptoms may

longer. Taking PREMPRO or PREMPHASE can alleviate these symptoms. If you are not

reasons such as the prevention of osteoporosis, you should take PREMPRO or PREMPHASE

recommend it for relief from your menopause symptoms.

Thinning of the bones. Osteoporosis is a thinning of the bones that makes them weaker and allows them

to break easily. The bones of the spine, wrist, and hip break most often in osteoporosis. Both men and women

start to lose bone mass after about age 40, but women lose bone mass faster after the menopause. Using estrogens

after the menopause slows down bone thinning and may prevent bones from breaking. Eating foods that are high in

calcium, such as dairy products or taking calcium supplements (1000 - 1500 milligrams per day) and certain types

of exercise may also help prevent osteoporosis. Before you change your calcium intake or exercise habits, it is

important to discuss these lifestyle changes with your doctor to find out if they are safe for you. Since estrogen use

is associated with some risks, its use for the prevention of osteoporosis should be limited to women who appear

susceptible to this condition. The following characteristics are often present in women who are likely to develop

osteoporosis: white or Asian race, small, slim body frame, cigarette smoking, family history of osteoporosis, and

early surgical menopause.

Vulvar and vaginal atrophy. Vaginal burning, dryness in or around the vagina, difficulty or burning on

urination associated with menopause.

WHO SHOULD NOT USE ESTROGENS

During pregnancy. If you think you may be pregnant, do not use any form of estrogen-containing drug. Using

estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent

miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor. Unusual vaginal bleeding can

be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the

cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your

doctor can cause you serious harm if your vaginal bleeding is caused by cancer of the uterus.

If you have had cancer. Since estrogens increase the risk of certain types of cancer, you should not use estrogens

if you have ever had cancer of the breast or uterus.

If you have any of the following problems. Estrogen drugs should not be used except in unusually special situations

in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with

abnormal blood clotting conditions should avoid estrogen use (see **RISKS OF ESTROGENS AND/OR PROGESTINS**).

When they do not work. During menopause, some women develop nervous symptoms or depression. Estrogens

do not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your

skin soft and supple and keep you feeling young. There is no evidence for these claims and such long-term

estrogen use may have serious risks.

After childbirth when breast-feeding a baby. Estrogen should not be used to try to stop the breast from filling

with milk after childbirth. Such treatment may increase the risk of developing blood clots (see **RISKS OF**

ESTROGENS AND/OR PROGESTINS).

If you are breast-feeding your baby, you should avoid using any drugs because many drugs pass through to the baby in the

milk. While receiving a baby, you should take drugs only on the advice of your health care provider.

RISKS OF ESTROGENS AND/OR PROGESTINS

Cancer of the uterus. If you use any drug which contains estrogen, it is important to visit your doctor regularly and

report any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine

cancer. Your doctor should evaluate any unusual vaginal bleeding to find out the cause. The risk of cancer of the

uterus increases when estrogens are used, the longer they are used, and when larger doses are taken. There is a

risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure.

with taking estrogen and progestin. This combination has been shown

USES OF ESTROGENS listed above, while reduc

OTHER INFORMATION below).

with

estrogen treatment. The possible risks

unfavorable effects on blood sugars and

Usually, the smaller the dose and the

Talk with your doctor to make sure you are

If you have had your uterus removed, there is no

a combination estrogen/progestin product.

Cancer of the breast. cancer in women who have ever used

estrogens. However more often (up to twice the usual rate)

in women who used estrogens for long periods of time (especially more than 10 years), or who used

shorter time periods. The effects of added progestin on the risk of breast cancer are unknown. Some

reported a somewhat increased risk, even higher than the possible risk associated with estrogens a

have not. Regular breast examinations by a health professional and monthly self-examination are re

for all women.

Gallbladder disease. Women who use estrogens after menopause are more likely to develop gallbladder

needing surgery than women who do not use estrogens.

Inflammation of the pancreas. Women with high triglyceride levels may have an increased risk of

inflammation of the pancreas.

Abnormal blood clotting. Taking estrogens may increase the risk of blood clots. These clots can

a heart attack, or a pulmonary embolus, any of which may cause death or serious long-term disability.

Excess calcium in the blood. Taking estrogens may lead to severe hypercalcemia in women with

bone cancer.

During pregnancy. There is an increased risk of birth defects in children whose mothers take this

first four months of pregnancy. Several reports suggest an association between mothers who took these

first trimester of pregnancy and genital abnormalities in male and female babies. The risk to a male

possibility of being born with a condition in which the opening of the penis is on the underside of

the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is known

exposure to these drugs. There is not enough information to quantify the risk to exposed females.

enlargement of the clitoris and fusion of the labia may occur, although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of female fetuses

as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester.

These drugs have been used as a test for pregnancy, but such use is no longer considered safe because of

damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. If you take

PREMPRO or PREMPHASE and later find you were pregnant when you took it, be sure to discuss this with your

doctor as soon as possible.

SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or progestin use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen
- Yellowing of the skin and/or whites of the eyes
- Breast tenderness or enlargement
- Enlargement of benign tumors ("fibroids") of the uterus
- Irregular bleeding or spotting
- Change in amount of cervical secretion
- Vaginal yeast infections
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease.
- A spotty darkening of the skin, particularly on the face, reddening of the skin, skin rashes.
- Worsening of porphyria
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses)
- Mental depression
- Involuntary muscle spasms
- Hair loss or abnormal hairiness
- Increase or decrease in weight
- Changes in sex drive
- Possible changes in blood sugar

REDUCING THE RISKS OF ESTROGEN/PROGESTIN USE

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully following your

treatment.

See your doctor regularly. While you are taking PREMPRO or PREMPHASE, it is important to visit your doctor at

least once a year for a checkup. If you develop vaginal bleeding while taking estrogens, you may need

evaluation. If members of your family have had breast cancer or if you have ever had breast lumps or an abnormal

mammogram (breast X-ray), you may need to have more frequent breast examinations.

Reassess your need for treatment. You and your doctor should reevaluate your need for estrogen treatment every

six months.

Be alert for signs of trouble. Report these or any other unusual symptoms to your doctor immediately:

- Abnormal bleeding from the vagina
- Pains in the calves or chest, a sudden shortness of breath, or coughing blood
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech; weakness or numbness of an arm or leg
- Breast lumps
- Yellowing of the skin and/or whites of the eyes
- Pain, swelling, or tenderness in the abdomen

OTHER INFORMATION

Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the uterus. Taking progestins, another hormonal drug, with estrogens lowers the risk of developing this condition.

You should know, however, that taking estrogens *with* progestins may have unhealthy effects on blood sugars, which might make a diabetic condition worse. Additional risks include a possible further increase in abnormal blood clots, a risk which may be associated with long-term estrogen use.

Some research has shown that estrogens taken *without* progestins may protect women against developing heart disease. However, this is not certain. The protection shown may have been caused by the characteristics of the estrogen-treated women and not by the estrogen treatment itself. In general, treated women were slimmer, more physically active, and were less likely to have diabetes than the untreated women. These characteristics are known to protect against heart disease.

You are cautioned to discuss, in detail, with your doctor or health care provider all the possible risks and benefits of long-term estrogen and progestin treatment as they affect you personally.

If you will be taking calcium supplements as part of the treatment to help prevent osteoporosis, check with your doctor about the amounts recommended.

This Summary provides the most important information about PREMPRO and PREMPHASE. If you want more, ask your doctor or pharmacist to let you read the professional labeling.

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Philadelphia, PA 19101



lued) **Is it difficult to e someone as popular zabeth Dole?**

ry honored to be g in her footsteps. set a high bar. Actually, ed Cross has had many ordinary leaders, all the back to its founder, Clara n. She was a phenomenal n driven by what she led.

physician, will you l special talents to the Cross?

one asked me at a staff ght I would be interested g to the scene of a ter. As a physician, I ly know what a disaster is. A family entering an gency room, a comatose carbon monoxide ning; a gunshot wound. gency rooms are filled disasters. Yet, I obviously to learn a lot more about the concrete act Red Cross does.

You confronted a personal crisis in February, when you were diagnosed with a brain tumor. Did you have any symptoms or a family history of the disease?

It came out of the blue, like an earthquake. It was a shock to me and my family. When I gave lectures to medical students, I always say, "Remember, sooner or later all of us are going to be patients." This was the first time I ever experienced what my words meant.

How did you discover you had cancer?

One night I temporarily lost consciousness. My husband convinced me to go to the doctor, and after doing tests, they discovered the tumor.

What was your prognosis?

The neurosurgeon was very honest. I know. But the doctors were hopeful. When you first hear that you have a brain tumor, it's shocking. One day you're fine and the next day they say there is something wrong with you. As the doctors learn more, you get more facts. You deal with it.

Did being a physician make it easier to cope with the fact that you had cancer?

In some ways easier. Easier because you know what and are able to control what you're being told. But perspective. Prior to my diagnosis, if I was with a patient who was dying, I would say the same advice to my patients when they are facing difficult times. Be optimistic. Live every day, focus on family and on your work, and try not to feel sorry for yourself.

What did the experience teach you as a doctor?

I was blessed to have doctors who showed not only extraordinary competence but compassion. I saw medicine from a patient's point of view, and I'm grateful for the experience.

You had surgery to remove the tumor. What kind of follow-up treatment did you need?

There were months of chemotherapy. But *(continued)*

DISASTER STRIKES

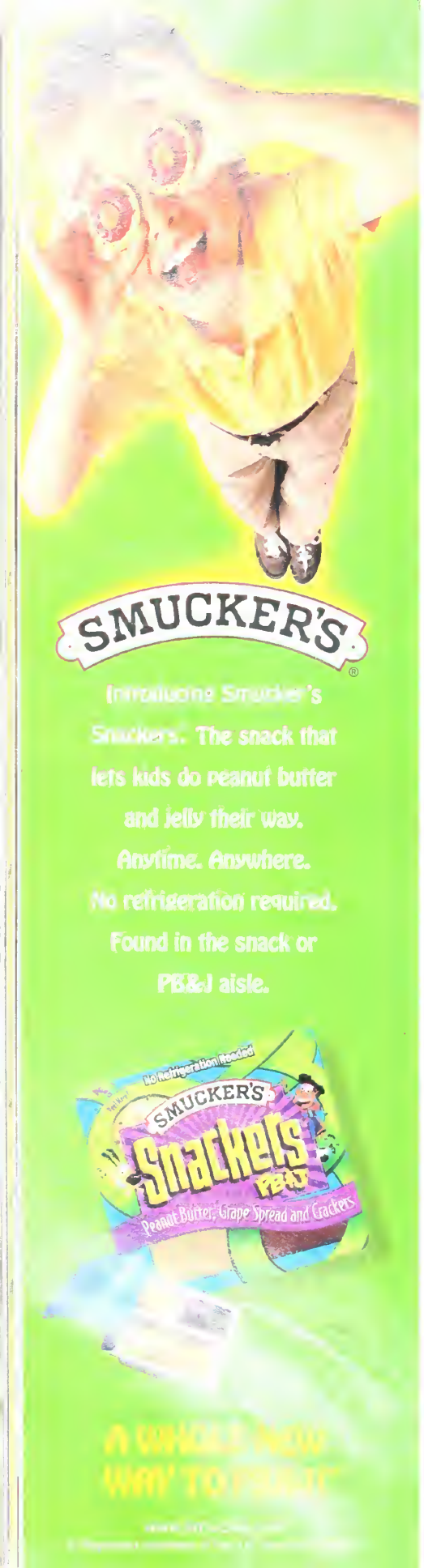
d from page 96

Bunny. "She loved that book," says sadly. Money is tight since mily didn't have renter's insur- "We needed everything. We had t from scratch," Robin says.

ile they searched for a new the Bankses stayed with relatives. kept them going was the kindness ngers. At the bank, a man who Robin and Todd recount their gave them his phone number and hem to call if they needed any- After they found a new rental bags of clothing and books mys- isly appeared on their doorstep. even met with President Clinton, was touring the area, which he lat- clared a federal disaster zone.

you watch the news day in and ut, you'd think we live in an ugly l. But we just kept meeting special le," says Robin. "We're blessed ise we got to see the worst that happen, but we also got to see so good people. It really changed mily." ■





I responded well. Within a week, I was working from home, in two I was phone conferencing, within a month I was back at the office. Today, my prognosis is very good. Someday I want to hold my grandchildren, and my doctors are quite confident that I will live to do that. It's an important goal for me.

Because of your health, did you have any reservations about taking the job at the Red Cross?

It was while I was in chemotherapy, about a month after the surgery, that the Red Cross approached me. My doctors gave me the green light. They said there was absolutely no reason I shouldn't consider it.

Will your medical crisis influence your work at the Red Cross?

It was an extraordinary life experience. When I look in the face of someone who has just experienced a crisis, whether it's the loss of a home or a loved one, I'll understand even more because I have really walked in his shoes. Until you do, you never totally understand. —Kathryn Casey

Helping kids cop

Children react to disasters in a vari of ways, says Donna Hastings, Psy.D., a licensed psychologist in Merrimack, ew Hampshire, and a mental-health vol teer for the Red Cross who has counsele families across the country. "Presche are more vulnerable to any change i routine, so they often have more dif coping than an older child might," s sa

After a disaster, a child this age m be nervous, irritable, aggressive or disobedient. She could even regress earlier behaviors such as bed-wettin or thumb-sucking. Knowing that those reactions are all normal and will ever pass can reassure both parents and ch

How can you help the process alon "Kids will take their cues from their parents," Hastings says. "If adults get help and work things out, their kids q naturally are going to do better." It's important to reestablish some kind of normal routine as soon as possible, an children extra attention and assurance "Let them talk about their feelings," advises Hastings.

FIVE SMART MONEY MOVES

Before disaster hits, it's crucial to get your finances in order. "The more preparation y the better able you will be to cushion the financial blow," says Nan Mead, director of munications for the National Endowment for Financial Education, in Englewood, Colo Here's a five-step plan that is essential for every family.

1. **Review your insurance coverage.** Evaluate your homeowners' policy periodically to be you're fully covered for the replacement cost of your house and its contents; be sure to into account any improvements you've made and any increase in your home's value. E you rent, you need a policy to cover your belongings. "Renters assume the landlord's insu will cover their property, but it doesn't," says Mead. And depending on the location of home, you may need additional coverage for specific disasters. Flooding, mud slides, ea quakes and other so-called acts of God are rarely covered unless you take out a special poli
2. **Create an evacuation box.** A portable fireproof box is ideal. Store copies of impor documents in watertight plastic bags, including insurance policies, living wills, power attorney, prescriptions for medication and eyeglasses, children's immunization recor list of bank account numbers, and driver's licenses.
3. **Rent a safe-deposit box.** This is the best place for originals of important documents, s as deeds, titles, birth and marriage certificates, passports, and jewelry appraisals. Store key in your evacuation box.
4. **Take inventory.** You'll need good records of your belongings for either insurance claim substantiating losses on your tax return. Make a complete list of every item in your ho and attach appraisals, receipts and model or serial numbers for big-ticket items. Photogr or videotape every room and even the contents of drawers and cupboards for backup. date the list annually.
5. **Stash some emergency funds.** In the event of a disaster, you may not have immediate cess to your bank account. Your evacuation box should contain a small amount of c and/or traveler's checks and a few rolls of quarters for pay-telephone calls.

Sharlene K. Johnson is a contributing editor of Ladies' Home Journal.



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How **TRENDY** Do You Want To Be?

Lots of fun looks paraded down the fashion runways for fall, but what's the best way to incorporate a wardrobe update? Is a one-season fling with an ultra-trendy piece just fine, or do you prefer a toned-down take that'll last for years? Here, three degrees of trendiness for these favorite styles

TOTALLY TRENDY



TURTLENECK AND SOFT A-LINE SKIRT

This version takes texture and details to the max with a chunky-knit drawstring funnelneck and a soft skirt in embroidered velvet. A go-for-faux shaggy fur tote and molded-sole boots up the edgy quotient.

Esprit sweater [illegible] and tote, [illegible] $78, United Colors of Benetton [illegible]

FASHION FORWARD



A look that borrows designer style points—the molded shoes, the wide funnelneck—but doesn't go all the way: Colors are strong but classic, and fabrics rely on texture alone to create interest.

[illegible] sweater, $58, ease skirt, $125, Old Navy clogs [illegible] React [illegible], Kenneth Cole tote, $45

STYLISHLY SAFE



Make a nod to the look of the moment but get a few seasons' wear by choosing streamlined silhouettes and a single, neutral shade. For unexpected punch, pick up a pair of shoes or a new tote in a bright, bold shade.

Gap turtle, $38, Ralph by Ralph Lauren skirt, $49.50; Sam & Libby shoes, $49, Benetton bag, $68

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CARDIGAN AND CARGO PANTS



With a feminine tank and shrug, multi-pocketed drawstring pants, a high-tech bag and hefty hiking boots, this outfit's got it all.

[illegible] ($11), Bleu[illegible] pants, $49, Dockers by Kenneth Cole shoes, $48, Gap bag, $29.50

A BALANCE



This combo borrows strong shapes from the trendy version, but a floral-decorated cardigan and sleeker pants give it style mileage.

Urban Outfitters cardigan, $64, Gap pants, $54, Guess? boots, $105, Gap bag, $28

LOOK



The pants are drawstring with a cargo pock[illegible] done up in timeless gray flannel. The clean-lined bag, shoes and sweater go the distanc[illegible]

Gap cardigan ($48) and shell ($30), Lerner New York pa[illegible] $39.50, Nine West loafers, $59; Benetton tote, $98

JEANS AND A WHITE TOP

GROOVY GEAR



Every piece is authentic hippie chic—a fashion flashback to sixties style.

Free People shirt, $58, Bleu[illegible] jeans, $78, Nine West boots, $[illegible]

FUN AND FUNKY



Denims go dark with retro roll-up cuffs; the white shirt is a traditional cut, and molded Mary Jane shoes are anything but.

[illegible] jeans, $69, Old Navy shirt, $28, Nina shoes, $59

BACK TO BASICS



Forever favorites: Whether the trend goes for flares or plays it straight, these jeans are always in style.

Gap tee, $24, DKNY jeans, $68, Nike sneakers, $60

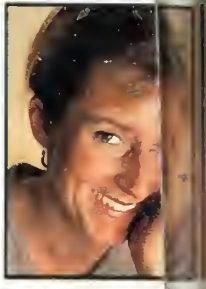
Sandies break time.

From an elf's point of view.

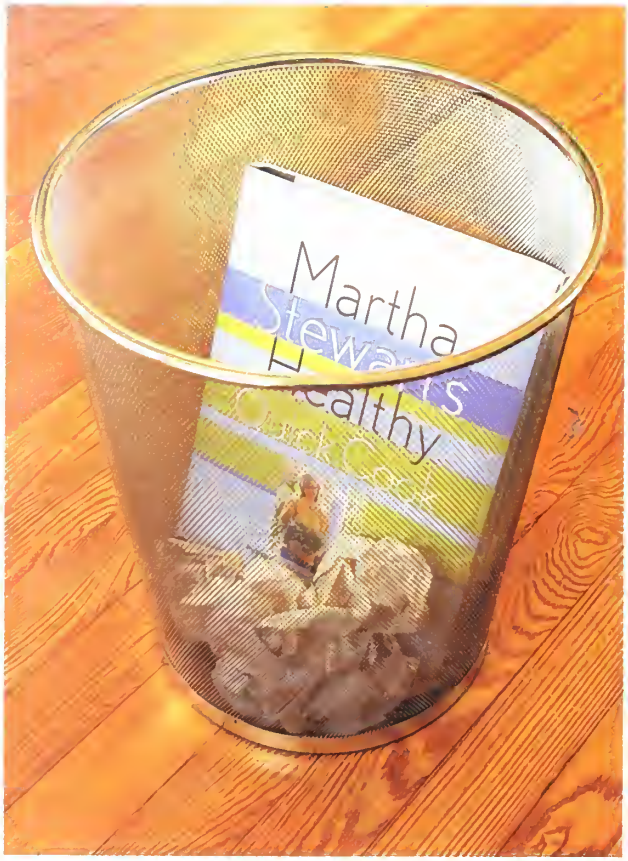
ich, buttery shortbread. Sandies® from Keebler.®
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Hostessing is HELL



In this comm
Contributing Editor
Melinda Mar
takes a lea
family and dom
life in her
offbeat



Bye-bye, Martha Stewart. You made being hospitable too formidable, but I discovered a way to put the joy back

By Melinda Marshall

Way back when I was still eating off wobbly card tables, when none of my china matched and I used a bedsheet as a tablecloth, when I didn't have enough money to eat out but hated eating alone, I had people over all the time. Dinner. Brunch. Drinks. Dessert. What I lacked in cooking skills I made up for in garnishes—piles of fresh parsley to disguise scorch marks. My friends had endearingly low expectations. We got together to eat, we ate together to talk, and we talked until the candles burned down to puddles on the cloth.

Then I discovered Martha Stewart.

Some well-meaning guest gave me a copy of a Martha Stewart entertaining cookbook. Every one of its glossy photographs made me feverishly covetous. I wanted Martha's earthenware bowl collection. I wanted an herb garden sprouting fresh cilantro. I wanted to flatten a chicken breast so it looked like a paillard, not a worn insole. And I wanted it all to appear as effortless and rewarding as she made it look.

My infatuation with Martha lasted nearly a decade, during which I acquired a husband, a house, a complete set of china, a real dining-room table, stemware for Burgundy and Bordeaux. I definitely became a better cook. But I lost something in this evolution.

I lost my interest in entertaining.

As did, apparently, most of my peer group—although it certainly didn't look that way at first. Our next-door neighbors, I noted, were erecting a three-tiered deck off the back of their house to complete their $30,000 kitchen renovation. Down the hill, another neighbor had built himself a flagstone terrace outfitted with a gas grill big enough to roast a wild boar. Meanwhile, my friends were installing dining-room tables that sat twelve, and constructing family rooms the size of airplane hangars. Viewing their set-ups, I thought back to my c
table in Manhattan, h
site of innumerable bak
chicken soirees. God! M
tha Stewart would h
had me executed.

After a time, howeve
couldn't help but not
that no entertaining w
going on. Nobody ever
foot on the three-tier
deck, except for the bab
sitter calling in the cat. N
body ever fired up the gr
In my friends' dining roo
the candelabra always h
the same new tapers. T
stemware in the chi
cabinet was suspicious
intact: not a single casual
among the twelve cha
pagne flutes.

Our neighbor with t
new kitchen nabbed me
the mailbox one day
profess how eager she w
for us to come over. Rig
I thought. Show off t
designer kitchen! The a
pliance garage! The six
burner gas range!

But no.

"We'll get Chinese take
out," she beamed. "Noth
ing fancy."

Something has gone ter
ribly awry. We've acquire
the china in shades of per
simmon and olive. W
have enough refrigerato
capacity to awe *(continued*

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caterer. Our backyard gas grill is so so-phisticated it comes with a twenty-page manual. But do we entertain? Hell, no!

We *must* have you over sometime!" we say, and for a minute, we believe we mean it. Most of us never follow through, though, because entertaining has become so much work for so little pleasure.

And why is that? Because protocol must be observed for everything, from the table settings to the towels we put in the bathroom. We've come to believe that our friends would just up and leave if they found out we used Kitchen Bouquet in the gravy. No wonder we've holed up alone in our homes with the remote.

I admit, for the past decade or so, that whenever I issued a social invitation, a keen desire to impress came over me. The morning of the party, I'd hound the kids out of the house so that I could dedicate the next couple of hours to achieving that never-lived-in look. Likewise with the meal: It had to come from *Bon Appetit*, not my recipe box of tried-and-true favorites. I wanted my guests to suck in their breath upon entering the door, and not let it out until the dessert dishes had been cleared.

The effort this required was so monumental that, before my guests had even arrived, I resented them. Deeply. I wanted to enjoy them. I wanted them to enjoy themselves, but I'd already put way too much into the event to feel compensated by anybody's presence. Later, surveying the wreckage—the glasses to be hand-washed, the linens to be laundered—I'd ask myself, Was it worth it? And inevitably, at that moment my husband would sigh audibly and say, "Why do we do this?"



"I was clearly out of my mind. The house was a mess. I only had frozen lamb chops. But I wanted to see my friends"

Then, fourteen days after I delivered my third child, something snapped. My husband had taken the two older ones to a family farm for the weekend to give me some peace with the new baby. But I didn't want to be alone; I wanted company. I didn't want peace and quiet; I wanted a noisy celebration. I started thinking about friends I hadn't seen for a long time and really missed. I called them. And I invited them to dinner—that night.

I was clearly out of my mind. The house looked like a S.W.A.T. team had torn through it, with baby gear everywhere. I didn't care. Nursing hormones had made me bulletproof. I found lamb chops in the freezer and enough charcoal for a fire. I put a bedsheet on the dining-room table and covered it with every piece of silver and crystal and china I'd ever liked. I swept the caterpillars off the patio chairs. Then I sat down with my new baby and waited eagerly for everyone to arrive.

That dinner was one of the most memorable gatherings I ever attended, let alone hosted. And what a hostess I was, even though Ed grilled the meat and Carol brought the wine and Judith made dessert and John held the baby. I ra-ed welcome. I glowed th joy at my good fortun friends. They didn't wa leave. The candle pooled on the cloth. W the dishes had been cle (a joint effort) and ev body had gone home, I enriched, not depleted.

I find it sadly ironic nowadays, when our frie take a backseat to fam and work, when our m meaningful dialogues t place over the Intern that we should allow so twisted notion of hospit ty to isolate us further. this is where Martha Ste art and all the other st mavens have brought then we should have th executed. We are not ha pier hostesses. In most i stances, we're not ev hostesses.

But here's where I' learned the value of spo taneity: If you blurt out invitation at the very la minute—as in "We're ha ing takeout pizza tonigh wanna come over?"— nobody's expectations ca possibly spiral out of con trol. You can leave th laundry piled on the be where it's been for the pa two days. You can leav the toys strewn around th playroom, because you *d* have children, a fact yo can't hide forever. I think toilet paper in the bath room is a must. I also think a pretty table is good for everyone's nerves. And as far as cuisine is concerned—have I mentioned how gratefully people tuck into baked chicken? ■

cool are you with menopause?

Introducing Cenestin.™

Made from plants. A cool choice to relieve the hot flashes of menopause.

Menopause is an individual experience. Shouldn't your choice for symptom relief be, too?

Now, Cenestin offers you an FDA-approved choice in estrogen replacement therapy that's 100% derived from soy and yam, instead of Premarin®*, which is made from pregnant horses' urine. The choice of how you control the hot flashes and night sweats of menopause is yours.

So, how cool are you with menopause? As cool as you choose to be! Talk to your doctor about plant-derived Cenestin . . . and make the cool choice, your choice.

Cenestin is indicated for the treatment of vasomotor symptoms (such as hot flashes and night sweats) associated with menopause. As with any prescription drug therapy, some women may experience side effects when taking estrogens. In the Cenestin clinical trial, the most frequently reported adverse events were headache and insomnia, which occurred with similar frequency in the placebo group. You should not use hormone replacement therapy if you are pregnant because of possible risk to the fetus. Be sure to discuss your personal or family history of breast cancer, breast lumps, abnormal vaginal bleeding, and abnormal blood clotting with your healthcare provider. If you have not had a hysterectomy, taking estrogen alone may increase your chances for uterine cancer. Adding a progestogen lowers this risk significantly.







Made from plants! Isn't that cool? SM

Cenestin™

(synthetic conjugated estrogens, A) Tablets

0.625 mg, 0.9 mg

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Cenestin

(synthetic conjugated estrogens, A) Tablets

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BRIEF SUMMARY

ESTROGENS INCREASE THE RISK OF ENDOMETRIAL CARCINOMA

Close clinical surveillance of all women taking estrogens is important. Adequate diagnostic measures, including endometrial sampling when indicated, should be undertaken to rule out malignancy in cases of persistent or recurring abnormal vaginal bleeding. There is no evidence that natural estrogens are more or less hazardous than synthetic estrogens at equivalent doses.

INDICATIONS AND USAGE

Cenestin (synthetic conjugated estrogens, A) Tablets are indicated in the treatment of moderate-to-severe vasomotor symptoms associated with the menopause.

CONTRAINDICATIONS

Estrogens should not be used in individuals with any of the following conditions:

1. Known or suspected pregnancy (see **PRECAUTIONS**)
2. Undiagnosed abnormal genital bleeding
3. Known or suspected cancer of the breast (except in appropriately selected patients being treated for metastatic disease)
4. Known or suspected estrogen-dependent neoplasia
5. Active thrombophlebitis or thromboembolic disorders

WARNINGS

1. **Induction of malignant neoplasms.**
   a. **Endometrial cancer.** The reported endometrial cancer risk among unopposed estrogen users is about 2- to 12-fold greater than in non-users and appears dependent on duration of treatment and on estrogen dose. Most studies show no significant increased risk associated with use of estrogens for less than one year. The greatest risk appears associated with prolonged use, with increased risks of 15- to 24 fold for five to ten years or more, and this risk has been shown to persist for at least 8-15 years after estrogen therapy is discontinued.
   b. **Breast cancer.** While the majority of studies have not shown an increased risk of breast cancer in women who have ever used estrogen replacement therapy, there are conflicting data whether there is an increased risk in women using estrogens for prolonged periods of time, especially in excess of 10 years.
2. **Venous thromboembolism.** Three epidemiologic studies have found an increased risk of venous thromboembolism (VTE) in users of estrogen replacement therapy (ERT) who did not have predisposing conditions for VTE, such as past history of cardiovascular disease or a recent history of pregnancy, surgery, trauma, or serious illness. The increased risk was found only in current ERT users; it did not persist in former users. The findings were similar for ERT alone or with added progestin and pertain to commonly used ERT types and doses, including 0.625 mg or more per day orally of conjugated estrogens, 1 mg or more per day orally of estradiol, and 50 µg or more per day of transdermal estradiol. The studies found the VTE risk to be about one case per 10,000 women per year among women not using ERT and without predisposing conditions. The risk in current ERT users was increased to 2-3 cases per 10,000 women per year.
3. **Cardiovascular disease.** Large doses of estrogen (5 mg conjugated estrogens per day, comparable to those used to treat cancer of the prostate and breast) have been shown in a large prospective clinical trial in men to increase the risks of nonfatal myocardial infarction, pulmonary embolism, and thrombophlebitis.
4. **Hypercalcemia.** Administration of estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases. If this occurs, the drug should be stopped and appropriate measures taken to reduce the serum calcium level.
5. **Gallbladder disease.** A 2- to 4-fold increase in the risk of gallbladder disease has been reported in women receiving postmenopausal estrogens in some [illegible] studies.

PRECAUTIONS

A. **General**

1. **Addition of a progestin when a woman has not had a hysterectomy.** Studies of the addition of a progestin for 10 or more days of a cycle of estrogen administration or the use of combined oral contraceptives have reported a lower incidence of endometrial hyperplasia than would be induced by estrogen treatment alone. There are, however, possible risks which have been associated with the use of progestins in estrogen replacement regimens, including (a) adverse effects on lipoprotein metabolism (lowering HDL and raising LDL), (b) impairment of glucose tolerance, and (c) possible enhancement of mitotic activity in breast epithelial tissue. Although few epidemiological data are available to address this point, the choice of progestin, its dose, and its regimen may be important in minimizing these adverse effects.
2. Substantial increases in blood pressure during estrogen replacement therapy have been attributed to idiosyncratic reactions to estrogens in a small number of case reports. A generalized effect of estrogen therapy on blood pressure was not found in the one randomized, placebo-controlled study that has been reported.
3. **Familial hyperlipoproteinemia.** Estrogen therapy may be associated with elevations of plasma triglycerides, leading to pancreatitis and other complications in patients with familial defects of lipoprotein metabolism.
4. **Impaired liver function.** Estrogens may be poorly metabolized in patients with impaired liver function.

B. **Information for the Patient.** See text of **PATIENT LABELING**, below.

C. **Laboratory Tests.** Estrogen administration should generally be guided by clinical response at the smallest dose, rather than laboratory monitoring, for relief of symptoms for those indications in which symptoms are observable.

D. **Drug/Laboratory Test Interactions.**

1. Accelerated prothrombin time, partial thromboplastin time, and platelet aggregation time, increased platelet count, increased factors II, VII antigen, VIII antigen, VIII coagulant activity, IX, X, XII, VII-X complex, II-VII-X complex, and beta-thromboglobulin, decreased levels of anti-factor Xa and antithrombin III, decreased antithrombin III activity, increased levels of fibrinogen and fibrinogen activity, increased plasminogen antigen and activity.
2. Increased thyroid-binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by protein-bound iodine (PBI), T4 levels (by column or by radioimmunoassay) or T3 levels by radioimmunoassay. T3 resin uptake is decreased, reflecting the elevated TBG. Free T4 and free T3 concentrations are unaltered.
3. Other binding proteins may be elevated in serum, i.e. corticosteroid binding globulin (CBG), sex hormone-binding globulin (SHBG), leading to increased circulating corticosteroids and sex steroids, respectively. Free or biologically active hormone concentrations are unchanged. Other plasma proteins may be increased (angiotensinogen/renin substrate, alpha-1-antitrypsin, ceruloplasmin).
4. Increased plasma HDL and HDL-2 subfraction concentrations, reduced LDL cholesterol concentration, increased triglycerides levels.
5. Impaired glucose tolerance.
6. Reduced response to metyrapone test.
7. Reduced serum folate concentration.

E. **Carcinogenesis, Mutagenesis, and Impairment of Fertility.** Long-term continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, uterus, cervix, vagina, testis, and liver. See **CONTRAINDICATIONS** and **WARNINGS**.

F. **Pregnancy.** Estrogens are not indicated for use during pregnancy or the immediate postpartum period. Estrogens are ineffective for the prevention or treatment of threatened or habitual abortion. Treatment with diethylstilbestrol (DES) during pregnancy has been associated with an increased risk of congenital defects and cancer in the reproductive organs of the fetus and possibly other birth defects. The use of DES during pregnancy has also been associated with a subsequent increased risk of breast cancer in the mothers.

G. **Nursing Mothers.** As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk. In addition, estrogen administration to nursing mothers has been shown to decrease the quantity and quality of the milk. Estrogens are not indicated for the prevention of postpartum breast engorgement.

H. **Pediatric Use.** Safety and efficacy of Cenestin for the treatment of vasomotor symptoms due to hypoestrogenism in pediatric patients have not been established.

I. **Drug-Drug Interactions.** There are no known drug interactions with estrogens.

ADVERSE REACTIONS

See **WARNINGS** and **PRECAUTIONS** regarding the potential adverse effects on the fetus, the induction of malignant neoplasms, gallbladder disease, cardiovascular disease, elevated blood pressure and hypercalcemia. In a 12-week clinical trial that included 72 women treated with Cenestin and 48 women treated with placebo, the following adverse events occurred at a rate ≥ 5% (see **TABLE 1**).

The following additional adverse reactions have been reported with estrogen therapy:

1. *Genitourinary system:* Changes in vaginal bleeding pattern and abnormal withdrawal bleeding or flow, breakthrough bleeding, spotting, increase in size of uterine leiomyomata, vaginal candidiasis, change in amount of cervical secretion.
2. *Breasts:* Tenderness, enlargement.
3. *Gastrointestinal:* Nausea, vomiting, abdominal cramps, bloating, cholestatic jaundice, gallbladder disease.
4. *Skin:* Chloasma or melasma that may persist when drug is discontinued, erythema multiforme, erythema nodosum, hemorrhagic eruption, loss of scalp hair, hirsutism.
5. *Eyes:* Steepening of corneal curvature, intolerance to contact lenses.
6. *Central Nervous System:* Headache, migraine, dizziness, mental depression, chorea.

Miscellaneous: Increase or decrease in weight, reduced carbohydrate tolerance, aggravation of porphyria, edema, changes in libido.

Table 1

Number (%) of Patients with Adverse Events With Greater Occurrence Rate By Body System and Treatment Group

Body System Adverse Event	Cenestin n (%)	Placebo n (%)
Number of Patients Who Received Medication	72 (100)	48 (100)
Number of Patients With Adverse Events	68 (94)	43 (90)
Number of Patients Without Any Adverse Events	4 (6)	5 (10)
Body As A Whole		
Abdominal Pain	20 (28)	11 (23)
Asthenia	24 (33)	20 (42)
Back Pain	10 (14)	6 (13)
Fever	1 (1)	3 (6)
Headache	49 (68)	32 (67)
Infection	10 (14)	5 (10)
Pain	8 (11)	9 (19)
Cardiovascular System		
Palpitation	15 (21)	13 (27)
Digestive System		
Constipation	4 (6)	2 (4)
Diarrhea	4 (6)	0 (0)
Dyspepsia	7 (10)	3 (6)
Flatulence	21 (29)	14 (29)
Nausea	13 (18)	9 (19)
Vomiting	5 (7)	1 (2)
Metabolic and Nutritional		
Peripheral Edema	7 (10)	6 (13)
Musculoskeletal System		
Arthralgia	18 (25)	13 (27)
Myalgia	20 (28)	15 (31)
Nervous System		
Depression	20 (28)	18 (38)
Dizziness	8 (11)	5 (10)
Hypertonia	4 (6)	0 (0)
Insomnia	30 (42)	23 (48)
Leg Cramps	7 (10)	3 (6)
Nervousness	20 (28)	20 (42)
Paresthesia	24 (33)	15 (31)
Vertigo	12 (17)	12 (25)
Respiratory System		
Cough Increased	4 (6)	1 (2)
Pharyngitis	6 (8)	4 (8)
Rhinitis	6 (8)	7(15)
Urogenital System		
Breast Pain	21 (29)	7 (15)
Dysmenorrhea	4 (6)	3 (6)
Metrorrhagia	10 (14)	3 (6)

OVERDOSAGE

Serious ill effects have not been reported following acute ingestion of large doses of estrogen-containing products by young children. Overdosage of estrogen may cause nausea and vomiting, and withdrawal bleeding may occur in females.

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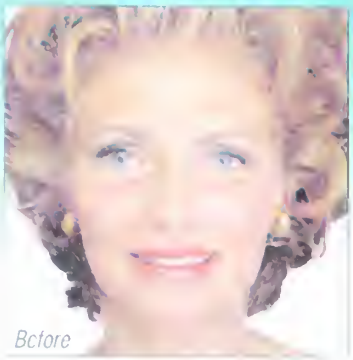
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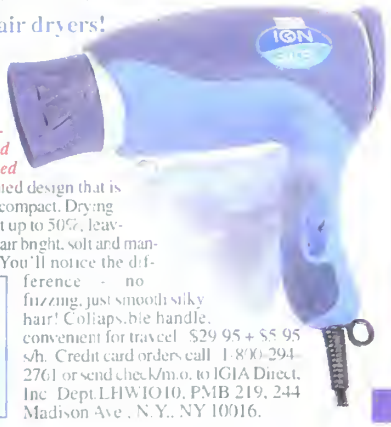


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You Gotta Have FRIENDS

The latest scoop on the gang behind TV's top-rated comedy

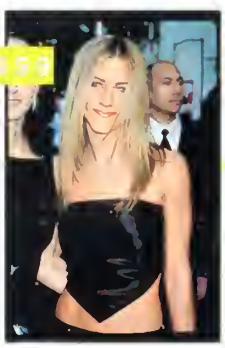
By Heidi Crosby

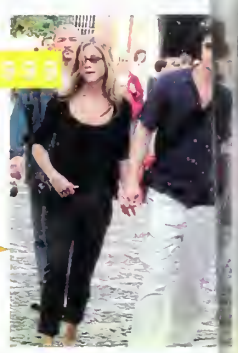


If the past five years have taught TV viewers anything, it's that Friends *come first. Since its debut in 1994, NBC's resilient hit sitcom about a group of twentysomething pals has survived everything from a nationwide hairstyle craze to a highly publicized salary dispute to end its fifth season as television's number-one comedy. In season number six, look for the Friends to deal with Ross and Rachel's inebriated nuptials in Las Vegas, while Monica and Chandler ponder their own brush with wedded bliss. Before you tune in, take a look at how this sexy sextet came to be.*









JENNIFER ANISTON (RACHEL GREEN)

When we first met Rachel, she was a pampered credit-card addict who embarked on a bumpy journey to independence. Along the way, she fell in love with her roommate's sad-sack brother, Ross Geller, and the couple's on-again, off-again romance has been integral to *Friends*'s charm.

Raised in New York, thirty-year-old Aniston moved to Los Angeles in 1990 to hit it big, but Tinseltown wasn't ready for a five-five, approximately 140-pound leading lady. "I wasn't fat, I was just Greek," Aniston said. "And Greeks are round." At her agent's prodding, she lost thirty pounds, and suddenly she started getting parts on TV and on the big screen in *She's the One*, *Picture Perfect* and *The Object of My Affection*. "It's scary how Hollywood treats you like this completely different person when you're thin," she said.

Apart from her sexy shag hairdo, what's really fascinated us about Aniston is her celebrity-studded lovelife. The actress had a fling with Counting Crows singer Adam Duritz; fell for the voice of Disney's Hercules, actor Tate Donovan; and then found true love with Hollywood bachelor extraordinaire Brad Pitt. Aniston denies the nagging wedding rumors but admits, "I'll just tell you that this is the happiest time in my life."

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COURTENEY COX (MONICA GELLER)

The mother hen of the gang, Monica, a chef and Rachel's roommate, is a neat freak. Her search for Mr. Right has resulted in near-misses like hunky ophthalmologist Richard (played by Tom Selleck), but last year Monica discovered love right under her nose—with longtime Friend Chandler Bing. Monica and Chandler were about to wed in Las Vegas last May when Ross and Rachel beat them to the altar.

Cox, thirty-five, met her real-life husband, actor David Arquette, on the set of the 1996 thriller *Scream*. Arquette, a wacky free spirit who admits to past drug use, may seem like an odd match for a woman so fastidious that she sometimes cleans her co-stars' dressing rooms, but the invitation to their wedding last June—featuring Arquette in a squirrel costume beside a blond-wigged Cox—bore the inscription, *We're nuts about each other.* Cox is the first Friend able to duplicate blockbuster-size success in feature films, thanks to *Scream* and its 1997 sequel. The third installment hits this December. Next, Cox will snuggle up to her husband onscreen in the romantic feature film, *The Shrink Is In.*

LISA KUDROW (PHOEBE BUFFA

Flaky Phoebe, a masseuse, folk and aromatherapist, is a nitwit a big heart. When Kudrow got pregnant in 1997, *Friends* write had Phoebe agree to be a surro mother (little did she know she having triplets!), and Kudrow's pregnancy performance was so that last September she becam first Friend to win an Emmy.

After a few false starts, Kudr movie career is finally heating up Her star turn in *The Opposite o* earned her a Best Supporting A award from the New York Film C Circle. Audiences loved her in *An This*, and this December, Kudrow shares the screen with Meg Rya and Diane Keaton in *Hanging U*

While Kudrow, thirty-six, brie dated late-night TV host Conan O'Brien, she was the first of the Friends to settle down. Kudrow married French adman Michel St four years ago, and in May 1998, gave birth to a son. Baby Julian visits the *Friends* set often, much the cast's delight. "Everything jus stops," Kudrow has said, "especia with the girls."





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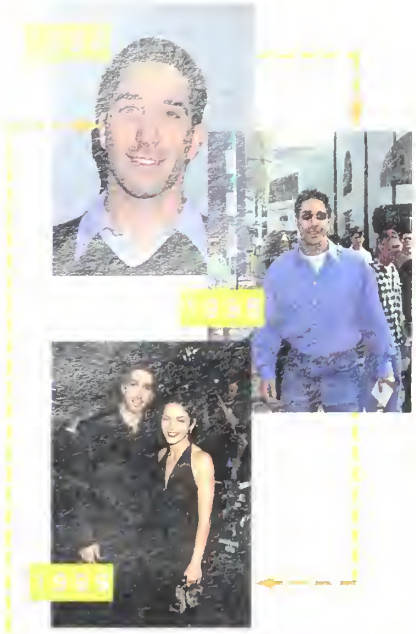
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DAVID SCHWIMMER (ROSS GELLER)

Lonely nebbish Ross is the unluckiest Friend. The paleontologist (and brother of Monica) was abandoned by his pregnant wife—for another woman. When Ross's longtime crush, Rachel, finally fell for him, he managed to screw up their romance with a one-night stand. He bungled the wedding vows at his second marriage, to British beauty Emily, and now Ross seems headed for another marital disaster, this time with Rachel.

Dubbed "Woody Allen with sex appeal" by a *Friends* producer, the Queens, New York–born Schwimmer, thirty-two, has been equally unlucky with film roles. *The Pallbearer* and *Kissing a Fool* were box-office flops, although he did have a small part in last year's big-name action flick *Six Days, Seven Nights*. But maybe his luck is changing. Schwimmer will next star as a priest alongside Woody Allen in the quirky comedy *Picking Up the Pieces*. And will be the first Friend to direct an episode of the series this fall. Lately, the much-sought-after actor has been squiring his longtime squeeze, Mili Avital, whom he met on the set of *Kissing a Fool*.

MATTHEW PERRY (CHANDLER BING)

The gang's resident smart aleck, Chandler lives with pal Joey Tribbiani, hates his office job, and has led a loser-filled lovelife—that is, until he and Monica got drunk at Ross and Emily's wedding and slept together. The quirky duo have blossomed into *Friends*'s second-most endearing couple.

Much like his character, thirty-year-old Perry has had his troubles with women. The paparazzi went into overdrive when he briefly dated Julia Roberts, who guested on *Friends* in 1996. Soon he was linked to everyone from Yasmine Bleeth to ABC exec Jamie Tarses.

But then came some far more serious news: In 1997, the star checked himself into rehab for an addiction to prescription painkillers. Perry, whose only previously publicized health issue was his 1995 nose job, came clean about his problem last year. "It was a very difficult time . . . but it's probably the thing I'm most proud of in my entire life," said the actor, who stars in this fall's romantic comedy *Three to Tango*. "Anything can come at me now because I got myself through that."





MATT LEBLANC (JOEY TRIBBIANI)

He fancies himself a big-time stud, but wannabe actor Joey is a nice (albeit dumb) guy in a macho man's body. The former Levi's 501 model, thirty-two-year-old LeBlanc has had a movie career that has fared better than that of his character. He starred in the 1996 flop *Ed*, although he later redeemed himself in the 1998 movie version of *Lost In Space*.

LeBlanc is known as a bit of a kidder around the set. He once dislocated his shoulder attempting a stunt, and had to wear a sling in the following episode. The motorcycle enthusiast has also had a few close calls. "I skidded under a Volvo on the way to taping," he said in 1996.

A gossip-related calamity befell LeBlanc last year, when a former limo driver told a tabloid that the actor had a penchant for cocaine and one-night stands. "The whole thing was fabricated," countered LeBlanc. "I'm a healthy guy, except that I could probably lose ten pounds." Indeed, he is on his way to becoming a family man, having become engaged to model and mother of two, Melissa McKnight, last November. Said the actor at the time, "The future has never looked brighter."

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1/2 tsp. baking powder
1/4 tsp. salt

1. Heat oven to 350°F. Grease 12" pizza pan or 13"x9" baking pan. If using a disposable pizza pan, place on cookie sheet to bake.
2. Use only a spoon to beat melted butter, sugar, vanilla and eggs in large bowl. Stir in dry ingredients until well blended. Spread into pan.
3. Bake 20 to 22 min. or until top springs back when touched lightly. Serve plain or sprinkle *hot* brownie with HERSHEY'S chocolate or white chips, REESE'S® Peanut Butter Chips, MOUNDS® Coconut, SKOR® or HEATH® Toffee Bits.

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Dream LOVERS

Why your favorite movie star—even your best friend's husband—can heat up your marriage

By Holly Robinson



With the kids down the hall and the laundry in the dryer, making love can seem like just another chore. Sometimes it takes a little imagination to get in the mood. "Sexual fantasies provide a safe way to experience the richness of our sex drive," says Dennis Sugrue, Ph.D., president-elect of the American Association of Sex Educators, Counselors and Therapists, in Mount Vernon, Iowa. In our mental sexcapades, we can make love comfortably on a kitchen table or invite a handsome stranger home without worrying about the consequences. Fantasies have other benefits, too: They may enhance your self-esteem or sate your curiosity. So let your mind run wild.

WHERE DO FANTASIES COME FROM?

They spring from a combination of our imaginations and early childhood experiences, says sex therapist Wendy Maltz. As girls, many of us learn that being female means being sexually vulnerable. Later, we may fantasize about men dominating us sexually. If a horseback ride introduces us to genital stimulation, it may also become part of our fantasies.



THE STARS OF MEN'S FANTASIES

"Madonna's erotic behavior is really sexy. I like that 'bad girl' image, and she doesn't have a stick for a body like most actresses."
"Gwyneth Paltrow was absolutely delectable in Shakespeare in Love, especially in those scenes with her scruffy lover."
"Sandra Bullock is incredibly sexy because she's so down-to-earth. Plus, she's in terrific shape."
"Bonnie Raitt, because of the way she plays the guitar."
"Cindy Crawford because she's strikingly pretty. Also, she's not afraid to shed her clothes."

THE STARS OF WOMEN'S FANTASIES

"Denzel Washington, because he's a nice guy and he's sexy."
"Patrick Swayze, because of his dancing."
"Gene Wilder. Who could forget the kindness of his eyes?"
"King Kong and Dracula, because both offer the erotic thrill of danger."
"Al Pacino, with his bedroom eyes."

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IF IT'S NORMAL, WHAT'S NOT?

Some sexual fantasies may seem weird, but nearly all men and women have them. "Most fantasies exist solely for your pleasure," says San Francisco–based sex therapist and psychologist Lonnie Barbach, Ph.D., author of *Turn Ons: Pleasing Yourself While You Please Your Lover* (Plume Books, 1998). "Don't analyze or judge them. Just enjoy them." Here, some reassuring answers to common questions women ask:

Q. When I make love with my husband, I always fantasize about something wild, like participating in an orgy or having sex with a stranger in a subway. How common is that?

A. Very! Our fantasies allow us to explore things we might not feel comfortable doing in real life.

Q. Why do I occasionally fantasize about rape?

A. Keep in mind, rape fantasies are extremely common among women, say experts. They tend to focus on the erotic nature of power (for instance, a man is so overcome with desire he can't help himself). But they don't resemble the pain and terror of a real-life rape, says Barbach.

Q. I hardly ever have sexual fantasies. Is that normal?

A. Yes. Some women enjoy focusing on the here-and-now during lovemaking. Others have trouble fantasizing because many of the sexual images portrayed on TV and in the movies are associated with male dominance and a lack of intimacy and respect, explains Barbach.

Q. I'm happily married, but I often imagine that I'm making love to a woman, or that I'm watching two women make love together. Am I gay?

A. Probably not. Lesbian fantasies are common among *(continued)*


2


1


3

FIVE TYPES OF FANTASIES

These are among the most typical ones for women:

1 The beloved has romantic sex.

2 The pretty maiden is the object of a man's desire.

3 The voyeur gets thrills by watching others make love.

4 The wild woman enjoys sex without inhibitions.

5 The dominatrix satisfies her desires by overpowering her partner.


4


5

"THE SEXIEST FANTASY I'VE EVER HEARD" FROM THE ANNALS OF THERAPY:

"My husband and I like to pretend we're different people when we have sex: Superman and Lois Lane, Bonnie and Clyde or even Antony and Cleopatra. Once we even decided to pretend to be friends of ours and make love like we thought they did! That's added lots of laughs to our sex life."

"This is a Mrs. Robinson sort of fantasy: The eighteen-year-old friend of my teenage son comes to our house while I'm in the shower. I throw on a bathrobe and invite him to the house for a Coke. He can't take his eyes off me. I end up becoming the sexual mentor to this cute young guy."

"I'm with my husband in a hotel room, wearing just a negligée. We've ordered room service, and the bellboy is a real stud. My husband notices the boy's eyes on me, and this excites him. He suggests that I parade around in front of the bellboy, and that leads to terrific sex with my husband—in front of this stranger."

"When my husband and I make love, I like to imagine that I'm on a roller coaster. First, there's a slow, steady buildup of tension as we stimulate each other. Then, there's a quick free fall over the top with a climax of physical sensations. Finally, there's a gradual rocking to a stop, as our sexual tension is released."

"In my fantasy, my husband and I have seats so close to the concert stage that we can hear the guitarist's fingers slide across the strings. I imagine that it's my body cradled in the musician's arms."

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...ORMAL, ...'S NOT?

...heterosexual women, ...Barbach. "An aroused woman ...sexually exciting," she explains.

Q. My fantasies always involve people other than my husband. Sometimes it's my next-door neighbor; other times it's a co-worker. Does this mean I'm dissatisfied with my husband?

A. Not likely. It's common for men and women to fantasize about partners other than their own, says Dennis Sugrue of the American Association of Sex Educators, Counselors and Therapists. (In fact, your husband may be doing the same.) We get so used to seeing our spouses without clothes that nakedness is no longer linked only with sexuality. So it makes sense that we spice up our sex lives with fantasies of phantom lovers.



WHAT MAKES MARRIED MEN MELT

Four husbands reveal their red-hot fantasies:

"Every day at lunch, I jog with one of my female co-workers through the woods surrounding our office building. I love to imagine her taking my hand and pulling me ov... the moss alongside the trai...

"I like fantasizing about the w... I see at the gym. I imagine the ... dragging me back to their pla... where I make love with one o... more of them."

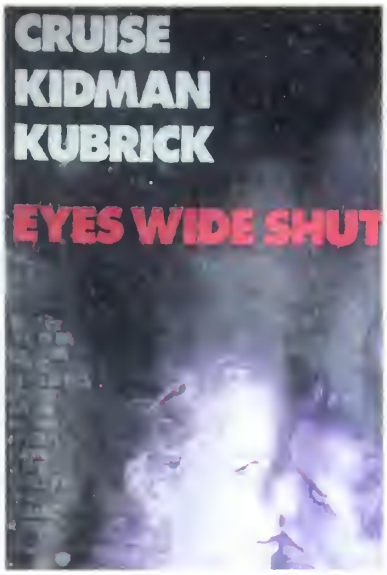
"My fantasies always focus ... women with certain features: sm... firm breasts, long, shapely legs, a ... cropped haircut that reveals a sle... neck, and maybe some classy linge...

"I work in an office with cubicles. I e... thinking about having an intimate encounter with a co-worker. We'd d... on one of our L-shaped desks."

We get used to seeing o... spouses naked, so it makes sens... that we spice up our sex live... with fantasies of phantom lover...



D YOU SHARE YOUR SECRET DESIRES?



o easy answer, but therapists recommend caution. After all, at happened to Nicole Kidman and Tom Cruise's relationship in the film *de Shut* when she shared her fantasy of making love to a naval officer. e couples, talking about fantasies creates great intimacy. But it can if your partner doesn't find your fantasy appealing, feels threatened or tive, or proceeds to confess unappealing fantasies of his own. Test the slowly. You and your husband should agree in advance to stop the con n if either person feels uncomfortable.

ame advice applies to turning a fantasy into a reality. While it may be g, experts say that acting out a fantasy is not without risk. There's no ee that your husband will do or say what you most desire, and you now when the doorbell might ring or your kids might walk in to inter- e action. So, discuss your fantasy with your husband ahead of time ure he's enthusiastic about doing it, and agree on a "safe" word or ges- at both of you can use if you want to stop.

N FANTASIES GO TOO FAR

SIES ARE USEFUL WHEN THEY STIR DESIRE IN WAYS WE LIKE, SAYS WENDY MALTZ. SOMETIMES, HOWEVER, CAN LEAVE US FEELING GUILTY AND ALONE. USE THIS CHECKLIST TO DETERMINE WHETHER A FANTASY HAS TOO FAR. IF ANY OF THESE SITUATIONS APPLIES TO YOU, CONSIDER GETTING HELP FROM A THERAPIST.

- it lead to risky behavior, such ng to seduce your neighbor, your r a co-worker?
- it distance you emotionally our husband?
- Does it make you want to avoid sex with your husband?
- Does it hinder recovery, perhaps encouraging you to take up drinking again when you've sworn off alcohol?
- Does it upset you?
- Does it make you feel badly about yourself?
- Does it feel out of control or compulsive?

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"I tried everything to beat BREAST CANCER"

From mastectomy to meditation—how one woman combined the best of alternative and traditional medicine to save her life

By Joseph V. Amodio



The modern arsenal for fighting breast cancer (from radiation to herbs and massage, shown here) targets more than the tumor cells—complementary care practitioners hope to heal the patient instead of just curing the disease

As soon as she felt it, she knew. The lump was hard—not fluid-filled—like a marble perched in her left breast, just above the nipple. And even though she'd had benign lumpy breasts for some time, Vicki Roth, forty, a registered nurse in Mount Jackson, Virginia, realized this lump was different.

A biopsy confirmed her fears: lobular carcinoma, six centimeters—as big as a plum.

It seemed to come from out of nowhere. Vicki, a single mother of two, had no family history of the disease, and performed self-exams in the shower about every other month. Due to the size and type of tumor, there could be no breast-conserving lumpectomy. She needed a modified radical mastectomy, in which surgeons would remove the entire breast and lymph nodes from her armpit. "I knew that I was in for a pretty big fight," she says.

She also knew that to win she would need to strengthen herself emotionally and spiritually. She would have to have surgery, and soon, but she talked her doctor into a few weeks' delay so she could tap the wisdom of a different kind of physician.

Vicki contacted Lewis Mehl-Madrona, M.D., Ph.D., an emergency-room physician and family practitioner for more than twenty years and research director of the Center for Complementary Medicine, a facility that offers mainstream and nontraditional therapies as part of the University of Pittsburgh Medical Center. Inspired by his Cherokee great-grandmother, who was a healer in rural Kentucky, Mehl-Madrona, author of *Coyote Medicine* (Fireside, 1997), spent two decades exploring Native American and other practices, determined to heal by connecting with his patients.

Vicki had heard him lecture at a conference and was impressed. She arranged for her ex-husband to take the kids, Sarah, and Daniel, while she went to the center. "It was time," Vicki felt, "to explore firsthand what complementary medicine was about."

It was a six-hour drive from her small town in Virginia's Shenandoah Valley to Pittsburgh. But she was convinced that this doctor could help. So, with several cans of motor oil stashed in the trunk of her old Dodge *(continued)*


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(continued) convertible, she and her best friend, Ellen, drove off on a bright July day—top down, spirits upbeat.

MIXING MODALITIES

"Complementary medicine" is the newest slogan in health, and may just help to revolutionize the way we fight cancer. Unlike alternative health care—which often ignores surgery, chemotherapy and radiation in favor of techniques like colonics—complementary medicine combines Western methods with the best of nontraditional practices.

Doctors are discovering that they can't ignore the move to include alternative approaches. According to recent data in *The Journal of the American Medical Association*, four out of ten Americans already use some form of alternative therapy, spending $27 billion a year—and those numbers keep growing. Remarkably, so does federal funding. Last year, Congress expanded the Office of Alternative Medicine (now called the National Center for Complementary and Alternative Medicine) and more than doubled its budget so it could more effectively study promising therapies.

"The first step in managing cancer is getting the best medical care, but this is not enough," says Anne Coscarelli, Ph.D., director of the Rhonda Fleming Mann Resource Center at University of California, Los Angeles's Jonsson Cancer Center. The road after surgery is still bumpy, often including severe post-op treatments, hair loss, nausea and fear. "And we can make it smoother," she says. At the Mann Center, they strive to do that with offerings from meditation and art therapy to journal-writing classes—all free to patients.

Obviously, keeping a journal won't decrease the size of a tumor, but it can improve a patient's mood, just as vitamins can bolster the immune system and acupuncture can reduce pain. In combination, such therapies can help patients cope with the symptoms and stick with their medical treatments.

A PILGRIMAGE TO PITTSBURGH

Vicki spent three days at Mehl-Madrona's center. First, she tried therapeutic touch, a controversial therapy in which a practitioner holds her hands a few inches above the patient's body, sweeping gently over the patient from head to toe. Adherents believe that the body produces an energy field, and shifting or focusing on this energy can reduce stress, promote relaxation, even accelerate wound healing. There is some scientific evidence to back up these claims, but many doctors remain skeptical. Vicki says she felt calmer at the end of the twenty-minute session.

Next came acupuncture, in which thin needles were gently inserted at specific points on her neck, back, legs and hands to correct the flow of "chi," or energy. Studies have found that acupuncture eases chronic pain, though how it works is unknown.

Ellen, who accompanied her friend to each session and took notes, held her hand over the needles—and felt heat. Vicki reports that she did feel a decrease in muscle tension.

But, for her, the somatics therapy (a combination of guided imagery and gentle massage) was the most helpful treatment. As they began, the practitioner encouraged Vicki to picture a safe place. In her mind, Vicki entered a dark cave. She was unsure that it was the right image, but the practitioner, delicately kneading her shoulder, encouraged her to probe deeper. She explored, and a glimmer of light led her to a room in which people were sitting around a fire. She felt fearful, yet honored. The practitioner talked her through it as she explored the image. Soon she was pulled toward the fire, and became one with it: red-hot, strong, brave, loved.

Vicki still tears up when she recalls that image. She has felt different ever since. "It was as though [my ancestors] had invited me to join in their circle of love, healing and life. They were telling me everything would be okay, and empowering me to fight."

Mehl-Madrona used that imagery as the theme for a personalized relaxation tape he made for her, with tips on deep breathing and "being in the moment" (focused awareness on the physical sensations of breathing, without concerns about the past or future).

Vicki returned to Virginia *(continued)*



Vicki's support network: With her kids, Daniel, eleven, and Sarah, sixteen; with best friend and hand-holder Ellen Provost; and with colleagues who raised $2,500, shown here donating their holiday gifts from work—$15 grocery-store gift certificates

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(continued) with the tape—and a new perspective. She kept up with the guided imagery and meditation on her own, and the therapeutic touch with a practitioner she knew near home. Each day, she set aside healing time for herself. "I had been busy worrying about the future, the kids—and not focused on what I had to do now to win this battle," Vicki says.

She underwent her surgery in the beginning of August—and her doctors were surprised to discover no signs of cancer in the lymph nodes. She knows she has no proof that her activities affected her cancer. But she can't help but wonder.

HEALING THE MIND

Unlike obesity, heart disease or other ills, cancer often strikes in spite of a healthy lifestyle. When the diagnosis comes up suddenly, without warning, it can be quite a jolt.

"Patients feel betrayed," says Coscarelli. "How could my body do this to me? There's also a huge fear of recurrence, which generally stays with survivors the rest of their lives. They need a way to gain mastery over this frightening experience." A sense of empowerment may be the greatest benefit they gain from complementary care.



"There's so much more to health and healing than traditional medici provides," says Vicki

Mehl-Madrona agrees, believing that rather than just doling out drugs, doctors can "give hope where there is none" and the strength to realize that "we all carry within ourselves the capacity to help heal our bodies."

It was that belief that Vicki took back with her to Virginia. She adopted an "active rather than passive, 'just do it to me' attitude." She made it through the mastectomy and chemo, opting out of reconstructio emerged with no sign of cancer

Through the process, she lea trust her instincts. And it was stincts that told her—despite c about additional surgery fr

surgeon—that she was ready second operation, a prophylac moval of the right breast.

Although there was no sign of in Vicki's remaining breast, it ha ed leaking (probably due to he changes or stress, her doctors s ed). But the cancer she'd con was known to often attack both "I didn't want to go down th road again," Vicki decided.



ING IT OUT

w she'd need a spiritual tune-
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ches of snow, with a group of
wenty enthusiasts led by Mehl-
na, down a path in the woods
all domelike hut. In frigid tem
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s and quickly filed inside.

ed shoulder to shoulder, Vicki
en watched as dozens of stones,
m a fire all day, were piled in
ter. The temperature was fero-
—sage branches placed on the
burst into flames. Water ladeled
he rocks turned to steam. Vicki
for air, and had to remove the
e wore to conceal hair loss.

she took in the heat, the scent of sage and the writing. Tears and prayers led by Mehl-Madrona. Vicki gradually adjusted. They meditated. People shared hopes, visions. When Vicki spoke to the group, Ellen was struck by the control in her voice.

"I have children to raise, and a lot more life to live," Vicki said. "I feel a sense of peace here. Things are going to be all right. For all of us."

She was calm, perhaps because she already knew what it was like being one with the red hot fire. She knew she would survive.

MERGING OLD AND NEW

Today, Vicki is back at work after surprising doctors with healthy lymph nodes, getting through two surgeries, chemo and radiation. Still, many of her medical colleagues remain unconvinced about complementary therapies.

"When they heard I was to be interviewed about this, several rolled their eyes," Vicki said. "But there's so much more to health and healing than traditional medicine provides."

Mehl-Madrona agrees. "I based our [illegible] on ancient tribal models," he says. "Back then, when neighbors knew you were sick, they prayed for you. Today, many of us are tribeless." He hopes to change that.

Having endured a tough year, Vicki is glad she had choices. Breast cancer certainly changed her life. But she was able to gain a sense of peace and hope that she believes fueled her physical healing. Now, she says, "I have a better, more holistic sense of who I am."

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Natural Therapies for CANCER

What really works? A top doctor talks about the techniques they're using at the country's foremost cancer center **By Joseph V. Amodio**


ginger root


music therapy


antioxidant vitamins

Patients at Memorial Sloan-Kettering (MSK) Cancer Center, in New York City, may be surprised to find that recommended therapies involve medications, meditation and a guitar. Music therapy and meditation reduce stress, says Barrie R. Cassileth, Ph.D., adding that the benefits are not just anecdotal—the effects are evident in many [illegible] tests.

It's Cassileth's job to know. As the first chief of MSK's new Integrative Medicine Service, she has evaluated and endorsed music and a host of other complementary therapies that are now being added to the renowned cancer center's arsenal of surgery, chemotherapy, radiation and drugs.

The state-of-the-art complementary cancer care program provides a variety of unusual therapies—meditation, massage, acupuncture, biofeedback, hypnosis, yoga and art therapy, as well as nutritional and supplement counseling. According to Cassileth, there is ample evidence in the scientific literature that these methods are effective at diminishing pain and other side effects associated with serious illness. In other words, while these therapies "are not used to prolong life or destroy cancer, they are used to reduce symptoms, reduce stress and enhance quality of life."

A noted researcher and medical educator, Cassileth has studied what works—and what doesn't—in the field of alternative medicine for nearly two decades. In that time, she helped found the advisory council to the National Institutes of Health's Office of Alternative Medicine. Cassileth also wrote *The Alternative Medicine Handbook* (Norton, 1998).

She is careful to describe herself as "a scientist, not a proponent." Though skeptical of overblown claims that unproven alternative treatments can cure major diseases such as cancer, she encourages the use of integrative medicine because patients benefit when mainstream therapies are combined with some non-standard ones. Here, she talks to LHJ about the best and worst remedies.

LHJ: Why is interest in complementary medicine on the rise? *(continued)*



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acupuncture

Acupuncture and massage are sometimes covered by insurance—with a doctor's prescription

(continued) BC: Now more than ever before, people want to take control of their own bodies, be active in their own health care—especially cancer patients. They want information about their care, and they want to be involved in making decisions.

LHJ: There are so many sound-alike terms in this field: alternative, complementary, integrative. What's the difference?

BC: Alternative medicine refers to those practices that are unproven—and often they are promoted for use in place of mainstream medicine. Complementary and integrative medicine refer to nonstandard techniques that are used in conjunction with standard therapy. We focus on techniques that reduce stress and lessen some of the side effects of cancer and cancer treatment. These practices don't attack cancer, but improve patients' well-being and give them a sense of control.

LHJ: What type of patient turns to alternative medicine—someone at the end of her rope?

BC: Actually, no. [I led a team that] surveyed patients across the country to find out [who was using] alternative treatments and why. We expected them to be in the end-stages of cancer. The results shattered the stereotypes—they turned out to be the best educated and often in early stages of disease. And that's what makes it so frightening—these were people who could have benefited [from early surgery] but were seduced away by alternative practitioners who claimed that their therapies, such as coffee enemas, would destroy the cancer.

LHJ: What if a patient wants to try a technique that, in your view, doesn't pass muster?

BC: I just spoke with a man recently diagnosed with bilateral lung cancer. "Should I consider taking shark cartilage, blue-green algae or cell-specific cancer therapy offered in Santiago, Chile?" he asked me. I explained what these therapies are and why they don't work—and tried to recommend effective options.

LHJ: What did you say about shark cartilage?

BC: I told him what it is—protein molecules that are in fact, too large to be absorbed through the gut, so they just pass right through the system. And even if the body did absorb it, it's protein—it would be digested and broken up just like any other protein. So it doesn't do anything for your tumor.

LHJ: So patients shouldn't think alternative therapies can destroy cancer cells?

BC: If one of these therapies were a cure, *(continued)*

FINDING THE PERFECT THERAPY

Some alternative practices can be harmful or at least not helpful. Techniques with demonstrable risk include herbal infusions, vitamin megadoses, colonics and high-velocity spinal manipulation (a type of chiropractic adjustment), notes Wayne B. Jonas, M.D., former director of the National Center for Complementary and Alternative Medicine at the National Institutes of Health. In a recent report, Jonas detailed how some herbal preparations have been found to contain toxic doses of mercury, lead, arsenic and other heavy metals. Also, "there are many alternative practitioners whose training is unknown, unmonitored and inadequate," he says.

[illegible] told me never to trust an acupuncturist whose family doesn't [illegible] doing it for [illegible] generations," recalls Adriane Fugh-Berman, M.D., [illegible] her book, Alternative Medicine—What Works (Williams & Wilkins, 1997). Even if your standards are not as strict, choosing a practitioner or a new therapy can be daunting. Here, some guidance from the experts:

WATCH FOR $$$ When reading about the effectiveness of therapies, make sure the source is not trying to sell you something at the same time, says Cassileth. Use Web sites run by major organizations such as the American Cancer Society, the National Cancer Institute, the American Medical Association, the American Dietetic Association and the American Botanical Council.

BEWARE OF PLASTIC BAGS Herbal remedies or products in health-food stores or open-air markets are sometimes sold in plastic bags. Loose leaves, notes Cassileth, are more likely to be contaminated than a factory-bottled product.

"NATURAL" DOES NOT MEAN SAFE It's tempting to get lulled into believing that anything "all natural" is wholesome. Remember: Arsenic, belladonna and strychnine are all as natural as they are deadly.

ASK YOUR M.D. Seek a doctor's advice, or at least check in to let her know which therapies you want to explore. Specific agents like herbs or high doses of antioxidants may interfere with conventional treatments, like chemo, says Mary Ann Richardson, Dr.P.H., head of the University of Texas Center for Alternative Medicine Research in Cancer, in Houston. Your doctor should know what you're trying, even if she then needs to research the therapy.

CHECK THE BOTTOM LINE Ask yourself what the outcome of this practice is purported to be, advises Anne Coscarelli, Ph.D., director of the Rhonda Fleming Mann Resource Center at the University of California, Los Angeles's Jonsson Cancer Center. Sound too good to be true? It is. "For instance, we'd never say meditation was going to reduce cancer. We'd say it's helpful to reduce stress and manage the many different situations you'll have to face—like waiting for doctors or undergoing chemo." —J.V.A.

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NATURAL THERAPIES FOR CANCER

Continued

mainstream doctors wouldn't hesitate to use it and it would no longer be considered alternative.

LHJ: How do you select the therapies to suggest to different patients?

BC: It depends on the patient's personality—his or her interests and preferences—not the type of cancer. For instance, there are patients who would not be comfortable in yoga classes, no matter what the benefits.

LHJ: Can children use complementary therapies?

BC: Absolutely. We have seen benefits for many children involved in our massage, art and music therapy programs. But one must be careful. I met with a young woman whose four-year-old daughter has a brain tumor. The mother herself uses both herbal and over-the-counter remedies. She wanted to give some to the girl to help maintain her strength. We discussed two problems with this. First, there are many potentially serious herb-drug interactions of concern for people receiving therapy for cancer; and second, there is very little information about how herbal and other remedies work in children—very few studies have been conducted.

LHJ: Do patients have a say about what is available in your program?

BC: Yes, we provide services according to patients' needs. And once in a while we get very specific suggestions. For example, just today I was on the phone with a woman who thought we should include a program on weight reduction and total body fitness. I've decided to add it. It's a good idea. People undergoing chemo treatments typically gain weight—it's especially difficult for women. We hadn't thought of it.

LHJ: So what is your general advice for women diagnosed with cancer?

BC: Start by reducing fat. Some experts believe that a low-fat diet discourages the growth of cancer cells. We don't have studies to document that yet, but it's something to consider. And it's beneficial for your cardiovascular health and to reduce your risk of some cancers as well.

Generally, you want to keep [your] body as strong as possible by eating grains, fresh vegetables and fruits, [and] taking a multivitamin. If you're [on] chemo, talk to your doctor about possible vitamin-drug interactions.

Green tea is a great antioxidant. I suggest making one and a half to two quarts, sweetened with orange juice, cranberry juice, sugar or honey, and just keep sipping it throughout the day.

To alleviate stress, try a few of the following: massage, yoga classes, some type of meditation, or valerian tea or herbal tea known as "nature's Valium"]; St. John's wort is useful if mild or moderate depression persists for a few weeks. I also tell people who've been diagnosed that they should try to focus on the other roles in their life—so they don't become "the cancer patient." We are all siblings, spouses, neighbors, workers. Put cancer in its place. It's just one more role to live with.

LHJ: Do you plan to study all these therapies that you mentioned?

BC: There are studies showing that St. John's wort helps with minor depression; we're planning a study to see how well it relieves the fatigue associated with chemo treatments. Another study will assess the value of music therapy given just prior to surgery in relieving stress and reducing the need for pain medication after surgery. We are also planning an investigation into the potential for Chinese herbal remedies to prolong remission and increase survival in patients with widespread cancer.

LHJ: Does insurance cover any of this?

BC: Right now, massage, acupuncture and some mind-body therapies are sometimes covered, with a doctor's prescription.

LHJ: What therapies have you tried on yourself or your family?

BC: I'm a big believer in therapeutic massage. It's really wonderful—it has measurable emotional benefits, physiological effects—from changes in the immune system to heart rate and blood pressure improvements. ■


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Got a beef with your company's medical plan? If you're ready to file a grievance, you should try very hard to get your company to demonstrate its support. HMOs battle to secure corporations' business. Though they may not seem especially responsive to you, they usually feel strongly about keeping their corporate customers happy. So an intervention by your company's benefits department could trigger the results you want.

- Find the person who selected the HMO that your company uses—often someone in employee benefits or human resources, though the chief financial officer sometimes makes this decision. Naturally, this person should feel responsibility for how the plan performs. But, just as important, this is the individual who has a relationship with people at the HMO, including the salesperson who got him to sign the contract.
- Briefly explain your health situation and describe your objective. Detail the steps you've taken, and what you plan next. Ask the director to intervene by calling her liaison at the HMO.
- If the director agrees, request that the phone call be followed by a letter, with a copy sent to you.

—Ellyn Spragins, *Choosing and Using an HMO*

CHOOSING A GUARDIAN

Appointing a guardian to raise your children in the event of your death is a wrenching choice, and few parents find someone who meets all their criteria. Usually, the decision involves a process of elimination, weighing the qualities that matter most. Here are some questions to ask yourself:

- ☑ **Do you have a relative or close friend who would be willing to take on the role?**
- ☑ **Is it someone who could love your children and provide the attention they would need?**
- ☑ **Do you approve of the individual's/couple's lifestyle and values?**
- ☑ **Does the person have children about the same age as yours?**
- ☑ **Can the prospective guardian incorporate your children into his or her household?**
- ☑ **If you have more than one child, would you be able to keep them together?**
- ☑ **Do your children already have a relationship with the prospective guardian?**
- ☑ **Would your youngsters have to move to a new town?**

—Deborah Jacobs

NEW FUND NEWS

Traditional stock-oriented investment advice is this: Do your research, buy an established fund with a good track record, and then stick with it through thick and thin. For most, it's wise counsel. But there's also an argument to be made for investing in new funds. Many of the top-performing funds specialize in market niches or emerging markets, two areas that have great growth potential. But they require a money manager to be nimble, moving quickly into good stocks. Some experts also suspect that fund companies back small funds with their best stock picks, including hard-to-get initial public offerings, to give them an advantage out of the gate.

The Value Line Mutual Fund Survey, a mutual-fund rating service, conducted a study in 1994 to see if new stock funds did outperform their peers. The study looked at the first-year performance of funds compared with older funds of the same type. Results: First-year funds had a clear advantage. As the chart above shows, small company stock funds did best, outperforming their peers by nearly 5 percent in their first year. They continued to outperform—but by less than 1 percent—in subsequent years. Also, the performance of new small-company funds was consistent over a ten-year period.

—Mary Rowland, *The New Commonsense Guide to Mutual Funds*

FUND TYPE	FIRST YEAR*	SUBSEQUENT YEARS*
Aggressive Growth	1.38%	0.75%
Growth	1.63%	0.27%
Foreign	1.59%	-0.60%
Income	2.74%	0.39%
Small Company	4.50%	0.76%

** NUMBERS REFLECT THE PERCENTAGE BY WHICH NEW STOCK FUNDS OUTPERFORMED ESTABLISHED FUNDS OF THE SAME TYPE.*

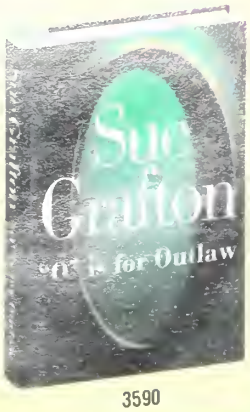
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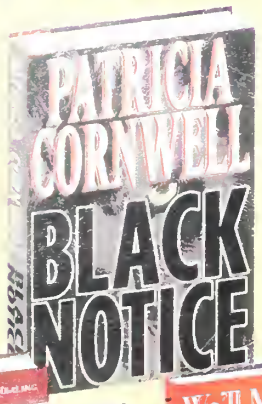
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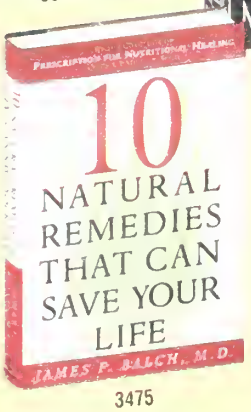
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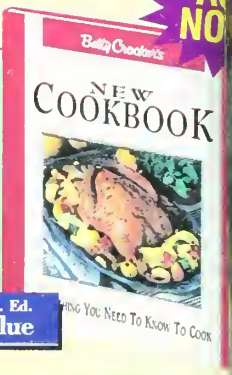
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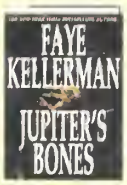




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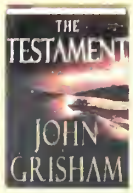
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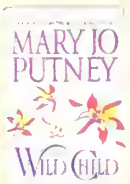
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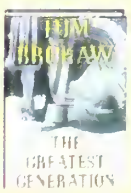
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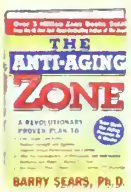
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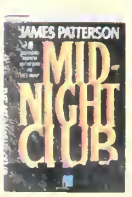
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Rockin' ROBIN

LHJ talks to the forty-seven-year-old actor and comedian about parenthood, partnership, and the joy of being bike-sexual

Q How has your sense of humor changed as you've gotten older?

A It's gotten harder . . . thanks to Viagra. No. I may have gotten a bit mellower, but I think it's the same.

Q Your most recent film, Jakob the Liar, is about life in a Polish ghetto during the Holocaust. Was it daunting to add humor to such a serious story?

A An actor in the film is a survivor from a labor camp. He said, "Don't be afraid to use humor; we used it." It was there. There's this famous joke from Jewish humor of the time: These two old Jewish men are waiting in an alley to kill Hitler. He's supposed to come at one P.M., and he's not there. One-fifteen, one-thirty, one-forty-five, he's not there. At two P.M., one of the men turns to the other and says, "I hope nothing happened to him."

Q How does Jakob the Liar compare to Life Is Beautiful?

A This film isn't a comedy; it's a character drama.

Q This Christmas, you play a robot in the comedy Bicentennial Man. What was that like?

A Doing a movie about a robot is fascinating, because you deal with artificial intelligence, combined with human emotions, psychology and behavior. The combination of doing dramas like *Jakob the Liar* and comedies is the bungee school of acting.



On being famous: "It helps to walk into a restaurant and hear, 'Here's your table! We'll bump the Pope!' "

Q Does your wife think you're funny?

A She's the hardest audience of all. She's seen everything I've done, so she'll bust me and say, "That was old, old line."

Q You have three children—Zachary, sixteen [with first wife, Valerie Velardi], Zelda, ten, and Cody, seven. Do you make them laugh?

A They're the toughest of the tough. But they make *me* laugh. They say things that would make even Buddha go, "Wow." They're fun in a very provocative way.

Q Your old stand-up material was pretty risqué. Do you let your kids watch it?

A They haven't seen the old stuff yet. They're delicate, and it will be played back forever. [Imitating a child] *"Dad, why do you talk about your penis so much? We know it's there."* I know; Dad was at another phase then.

Q What do you and your wife tend to fight about most?

A Time management—about me not working so much, or making sure that I breathe, recharge.

Q Does it help to live in San Francisco?

A Oh, yes. [The film industry] is more of a distant noise than a hard-core screech. When I was in L.A., I found myself always worrying about how well I was doing, whereas when I'm here, I'm doing well because I'm working.

Q What helps you when you're feeling the pressure?

A Solitary exercise. It used to be long-distance running and now it's long-distance bicycling. It gives me time to reflect. I bike thirty, forty miles.

Q What do you think is the key to being a good parent?

A It's a weird combination. You have to be there when they need you, and then you have to be able to back away. It's knowing when to step forward and intervene and *(continued)*





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ROBIN WILLIAMS

Continued

when not to say, "Oh, the baby's got a knife, how cute."

Q What's your happiest memory?

A Getting married to Marsha in Lake Tahoe. When she said, "I do," the clouds opened up and there was this big shaft of light, and I thought, That's a good sign.

Q What has your wife taught you?

A She's taught me about the importance of friends, that there are wonderful people right in your life. In a world where you're famous, and then you're not famous, and then you're famous, that's a constant.

Q What's the best part about being famous?

A When a kid lights up when he recognizes you, when you realize [you can do] something positive. Plus, it helps to walk into a restaurant and hear, "Here's your table! We'll bump the Pope!"

Q What's the best piece of ac you've ever gotten?

A Way before Nancy Reag [someone] said, "Just say the most powerful word you'l have. It gives you the right to for what you don't want to do

Q If you could be a woman, w you be?

A Mother Teresa. I never g chance to meet her, but so extraordinary. Or Martha S stunt double: "Stand back, she hot-glue gun!" Or a combinat Lauren Hutton and Susan Sara They're gutsy, honest and funn

Q What's your greatest extravagance?

A I have a weakness for bic I'm a bike-sexual. Some to ride, some are more like m pieces of art.

Q If you could change one eve history, what would it be?

A If only someone had boug Hitler's paintings, he wou just been a nice little landscape living somewhere near Munich

FIRST PERSON

Continued from page 57

claimed I must have had an infection before the extraction, even though blood tests done beforehand had showed nothing.

Then, in February 1999, we were offered a settlement. Its terms forbid me from discussing any specifics, but it allowed us to move on.

After I came out of the coma, I told myself over and over, "I just want to be normal." But I've come to realize that I'll never be the same. I used to be a real whiz with numbers; now my thoughts move more slowly. There's a slur in my speech, and I still have pain in my hip. I get frequent rashes. I'm losing the pigmentation in my skin and I have lupus-type symptoms, including inflammation of my joints. I see a rheumatologist regularly, as well as a gynecologist—the trauma my body suffered pushed me into premature menopause. I also see an orthopedist.

Despite everything, though, I'm not bitter. I believe that God has a plan for me. Two months after I woke from the coma, I was able to be w daughter when her second ch born. A year later, Gov and I c ed our twenty-fifth wedding a sary by renewing our vows in two hundred and fifty family m and friends. This ordeal ha strengthened our marriage.

My experience has brought good things as well. When I r met with Diane, my recipient's shared with her the despair I'd fel I learned her husband, Santo, ha She told me that although the m ultimately killed him, he got e strength from my marrow to h for a last Christmas and Valen Day. That meant a lot to her.

Most of all, because I've l how precious life is, I still beli marrow donation. I think that who want to become donors sho told clearly about the risks, but I want my story to discourage th fact, not long after I got out hospital, Gov registered to be a himself. Life is a great gift. N knows that better than I. ■


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Making Them **PAY**

According to the latest government statistics, approximately $57 billion in child support goes unpaid every year, a figure that represents "the number-one reason for kids living in poverty," according to Casey Hoffman, past president of the National Child Support Enforcement Association and the founder and CEO of Child Support Enforcement (CSE), both national organizations that work to help custodial spouses get the money they deserve. Despite the statistics, women who are owed child support beat the odds—as these mothers can attest. By Marcy Lovitch

Her absent ex was found in one day

THE ENFORCERS

Anita Carter is one mom who's glad her child watches TV. One afternoon in 1995, her son, Robert, then twelve, was flipping channels when he saw a commercial for Child Support Enforcement. "My son has always been very protective of me, and he felt it wasn't fair that my ex hadn't paid us a dime since Robert was five," says Anita, thirty-seven, the manager of a storage company in Austin, Texas. "He urged me to get the money, because he felt his father owed it to us."

In 1983, while Anita was pregnant with their son, she and her husband separated. In 1984, he was ordered to pay $300 a month in child support. After seven months, he took her to court and had the amount reduced to $250. Five years later, the payments abruptly stopped.



"At the time, Robert needed expensive allergy medication—one hundred and twenty-five dollars a month—and *(continued)*

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(continued) I barely had the money for it," Anita says. "I had to pay a twenty-dollar fee to start proceedings against him. I was working two jobs then, so spending even an extra twenty dollars wasn't an option for me."

On her own, Anita continued to work to improve the quality of life for herself and her son. She took college courses, eventually earning a bachelor's degree in accounting. She moved on emotionally, too, when she met and fell in love with Steve, a general contractor. In the meantime, her former husband moved to another part of the state. Anita might have resigned herself to never collecting the support—if Robert hadn't alerted her to the ad on TV.

Child Support Enforcement, they discovered, is an eight-year-old national service based in Austin, Texas, and the nation's largest privately owned child-support enforcement company that works on behalf of custodial parents. Its staff of 130, including attorneys and private investigators, comb public records, such as credit bureaus and employment histories, to locate parents who owe child support. CSE takes clients who are owed court-ordered support of $5,000 or more and who are not on welfare. If successful, the agency collects the money and gives it to the client—minus the 34 percent CSE takes as a fee. (Though that may seem like a hefty cut, many parents would rather have some of the money than none at all.) If CSE can't find the deadbeat spouse, the service is free.

"CSE has a higher than ninety percent success rate of locating parents and a sixty-three percent rate of actually receiving the child support," says founder Casey Hoffman. (Some parents may be unable to pay if, for instance, they're in prison or institutionalized.) "But [this] can be attributed mostly to the fact that our staffers have an average caseload of three hundred fifty, whereas government agencies can have between eighteen hundred to two thousand cases per worker."

But though CSE sounded like the answer she'd been hoping for, Anita waited for six months before taking action. "I was reluctant to call them at first because I had just gotten en to Steve, and I didn't want th appearance of my ex to infrin our happiness," she says. But Re persistent urging helped chang mind. By this time, her forme band, an auto mechanic, owe thousands in support and interes

Within one day, CSE locate through credit records and by c auto-repair shops in Dallas unti found the one where he worke eventually agreed to pay $250

"Sticking with t fight is tough, b if you think abo how it can improve your ki lives, you find t strength to do i

$100 in back payments, every m In 1996, Anita received her check through CSE.

"Without Robert's insisten would never have been able to to buy him the things that are p growing up—football camp, L League Baseball, sneakers, and a car for his sixteenth birthday [last gust]," says Anita, who is now ha married to Steve. Robert's fa who now lives in another state owes about $14,000 in arrears, the back payments will likely co ue after his son turns eighteen.

Anita's only regret is not goi CSE sooner. "In the long run, it the heartache of watching your go without," she says. "Sticking the fight for support is tough, but i think about how it can improve kids' lives, you find the strength to d

WHAT DO YOU THINK?

Do you agree with the decisions that t mothers in this story made? What wou you do differently? Visit LHJ's Web site www.lhj.com/solutions to join our onli discussion group on deadbeat spouses


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"I'll see you in court"

WAR AND PEACE

Nancy Hood's husband owed her more than $43,000 in back support, and for years, he refused to pay up. Now she considers him one of her best friends.

Nancy, a forty-six-year-old former interior designer, married Frank, a doctor, in 1982. After six years, two children and a comfortable life in a suburb of Orlando, Florida, their marriage ended in what she calls "the worst divorce ever," an acrimonious proceeding that cost her thousands.

Frank was ordered to pay, monthly, $866 each for young Tad and Brittany until they turned eighteen, plus $800 per month alimony for two years. Yet despite numerous warnings from the state of Florida, he missed payments or sent partial sums. Then in 1991, Frank moved to Mississippi, making it harder to keep track of him.

Nancy, who had since moved to Kansas with Tad and Brittany, tried to pursue the case in Florida. Nancy's tenacity eventually connected her to then-Assistant U.S. Attorney Wanda Keyes Heard and Dorene Barker, then a staff attorney for the Florida Department of Revenue, who passed Nancy's files to Assistant U.S. Attorney Paul Roberts, who was based in Mississippi.

Roberts secured a criminal summons in May 1996 ordering Frank to respond to the charges against him or face arrest.

Frank Hood pleaded not guilty to a charge of willful failure to pay child support; later that summer, facing the prospect of a trial, he changed his plea to guilty. He was sentenced to give Nancy $43,805 within six months, plus $1,732 for that mo child support immediately, and t sume his regular support paym he also received two years' proba and one hundred hours of comm ty service.

Since his brush with the law, F has made something of a turnaro from the absentee parent he use be. Now remarried and living in abama, he has renewed his relati ships with Tad, sixteen, and Britt fourteen. Recently, the children v tioned with their dad and his w "The kids have no bad feelings ward their father," says Nancy. "T support me in going after him for money, but they also understand t are two separate issues here—a fa one and a business one."

Most surprising of all, Nancy put aside her own animosity. She Frank talk frequently, and he s ported her during her mother's cent illness. "I know it seems I sho hate his guts, but I feel fortunate have him in my life," she says. "I spect him. He's a fantastic doctor."

And though they have butted he over payments a few times since sentencing, that hasn't changed N cy's feelings. "Frank's not out to prive the kids," she says. "He's jus the dark about what it costs to br up children. It's easier for me to through the courts; otherwise, I d think he would pay. That's wh separate the two issues. I know sounds crazy, but it works for us."

Nancy sees their situation as a p sible inspiration to others: "If it help one woman get what sh owed, I'll be happy."



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"To me, skipping child-support payments is the same as child abuse," says Lydia Todd*. "It's not seeing or supporting your kids."

Lydia, thirty-six, divorced her husband, Carl, in 1988. A judge gave the couple joint custody of their daughters, Cindy, now sixteen, and Dana, fourteen. Carl, an electrician, was ordered to pay $22.50 a week per child in support.

Abiding by the decree was another matter. One day, without warning, Carl moved without a trace, and the support checks stopped entirely.

Lydia and her daughters were left without savings, a car or a steady income. They moved into her mother's apartment, and Lydia applied for welfare. She managed to earn enough as a telemarketer to rent a small mobile home and attend evening classes at a local business college.

Following the suggestions in a newspaper article, Lydia searched county records and called Carl's old friends until she found out that he had recently bought a new house in the area. The county child-support collection agency obtained an order raising the amount of Carl's support to $187 a week, in addition to the thousands in arrears he already owed.

It was a hollow victory. In the months that followed, Lydia never received a penny. The police and court officers ignored her pleas to arrest Carl. Lydia got a bench warrant, but again, court officers were slow to act.

Then came her break. The local chapter of the Association for Children for Enforcement of Support (ACES) planned a rally at the state courthouse to demand better enforcement of child-support laws, and they contacted a major city newspaper to get coverage of the event. The reporter on the story wanted to include a compelling personal story of a wronged wife, and an ACES representative suggested Lydia, who had turned to them in the past for information and support.



"He knows not t
mess with me n

The publicity paid off: That
day morning, a court officer pl
Lydia to ask where her ex was
to be during working hours. Th
lice arrested Carl, and $1,400
bail bond was turned over to Lyd

Carl's payments, plus Lydia's b
paying new job, have allowed h
move into a house. (For the sa
her daughters' privacy, Lydia rec
ed anonymity for this article, d
the previous publicity.)

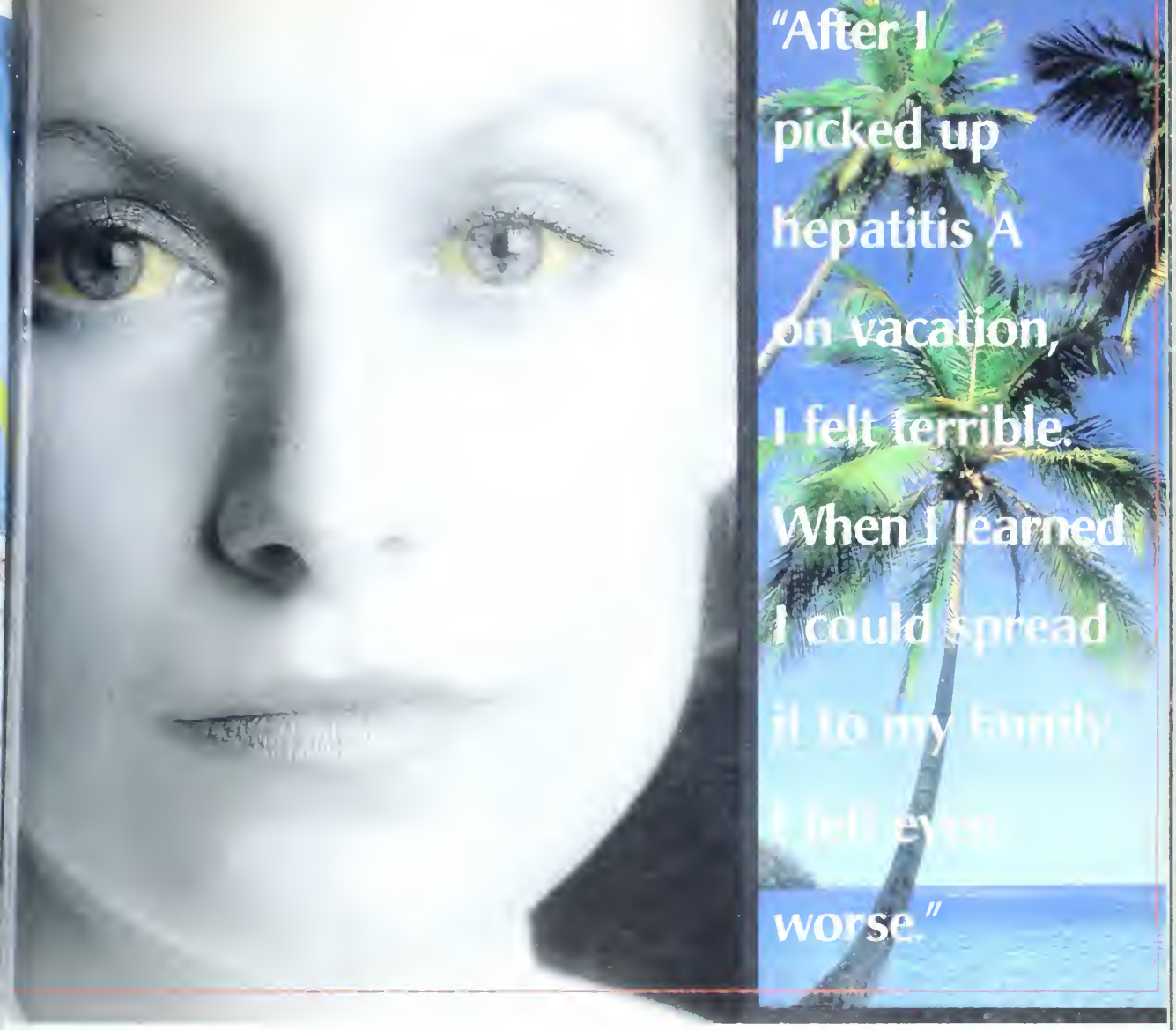
Lydia's main concern, howev
making sure her ex-husband pro
for his children. "He knows n
mess with me now," she says. "
falls behind, I have no problem ha
him thrown into jail." ■

Marcy Lovitch writes for Ladies' Hom Journal, Parents, Marie Claire and oth magazines.

* *Names and other identifying details in this particular story have been changed.*

FOR MORE INFORMATION

To learn more about collecting overd child support, contact the **Associati for Children for Enforcement of Support**, 2260 Upton Avenue, Toled OH 43606, 800-738-2237, *www.childsupport-aces.org;* or **Chil Support Enforcement**, P.O. Box 4949, Austin, TX 78765, 800-801-5437, *www.supportkids.com.*



atitis A is a serious and highly contagious liver disease that puts and your family at risk when you travel overseas.

hepatitis A virus is rampant in many areas of the world, including Mexico, Central and South America, parts Caribbean, Africa, Asia (outside of Japan), Eastern Europe, the Mediterranean Basin, and the Middle East. You ck up the virus very easily from contaminated food, water, or an infected waiter or chef, even at the best hotels sorts.

to 22% of adults who contract hepatitis A are hospitalized, and some will even die. Hepatitis A, a serious ighly contagious liver disease, can cause fever, vomiting, stomach pain, diarrhea, and jaundice (yellowing of skin yes). But as bad as those symptoms can make you feel, you will feel worse if you pass hepatitis A along to your and friends—before you even know you have it. **But hepatitis A can be prevented.**

vaccinated. The U.S. Centers for Disease Control and Prevention (CDC) recommends hepatitis A immunization in nce of traveling to at-risk areas.

Get vaccinated for hepatitis A before your next trip. See your doctor

liverfoundation.org

1-888-4HEP-USA

American Liver Foundation

1999 American Liver Foundation

SCREEN Savers

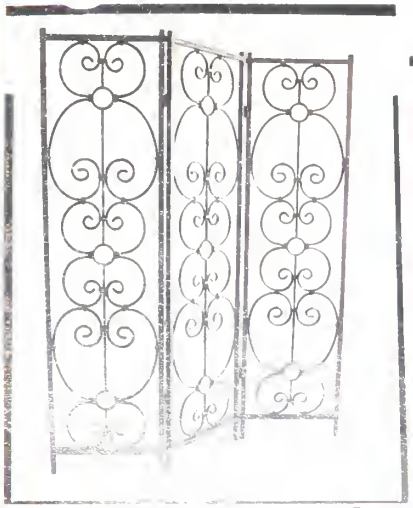
Camouflage and concealment are just two of their many great-looking uses

Screens have long been an element in a smart decorator's bag of tricks—for brightening dead corners, adding architectural interest, or concealing less-than-attractive details like exposed radiators. But now screens are really stepping into the spotlight because so many designs are becoming available at affordable prices. "Think of screens as landscaping for a room," suggests designer Lyn Peterson, owner of Motif Designs, in New Rochelle, New York, who likes screens for "the sense of mystery they bring. You never know what they're concealing—remember how ladies used to dress behind them?" Peterson uses screens to create intimacy in a large room, or to "soften the edges of the square." Screens can be covered in fabric or wallpaper to coordinate with your design, or fashioned from vintage shutters or doors.



FIVE STARRING ROLES

1. Use a screen to divide a room—to give two children sharing a bedroom their own space, for example, or to cordon off a workout zone or home office, or give an overnight guest on the pull-out couch a little extra privacy.
2. A screen can make a distinctive headboard, whether folded behind the bed or attached to the wall. A screen works especially well when your bed can't be placed against a wall.
3. Similarly, a screen hung on the wall or placed behind a sofa becomes a work of art. Many times, beautifully painted Asian and antique screens are displayed (and protected) in this manner.
4. A "memory board" screen (made from padded fabric and crisscrossed ribbons secured with upholstery tacks) is a charming way to display invitations, photos or memorabilia.
5. In a bathroom, a wrought-iron screen with open railings or grillwork becomes a distinctive towel rack. Suspend a decorative mirror from a top bar, or a terrycloth robe from a finial.



Curlicues of bronze iron offer just the suggestion of a divider, indoors or out



This photo-frame screen holds fifteen 8x10-inch photos—or children's artwork or prints



A Victorian woven cane screen with inset floral medallions lends period charm



Panels painted to suggest classic Italian villas create an attractive architectural backdrop



Ray's criminal mind was no match for the ol' "Good Cop, Good Cop" routine.



Can a cereal bar be too good?

Also Try Strawberry Banana

©1999 OOC

This eight-year-old boy couldn't talk, dress himself or play with other children—until he tried an experimental treatment. Is there really a "cure" for autism? By Diana McLellan

Andrew AWAKES



"Love Mom," says Andrew, giving his mother, Laura Gerrety, a big hug. As he races upstairs to change into his pajamas, he adds a happy, "Night-night!"

Laura's eyes are teary, and with good reason: Her eight-year-old son never used to talk, much less express his love. As an autistic child, he has lived most of his life in an impenetrable inner universe. But now, Laura and mothers like her dare to hope. Because of an unusual treatment, Andrew is moving, slowly, toward the real world.

IN DENIAL

Tragic, isolating and long considered incurable, autism affects approximately 500,000 Americans, and the number is growing. It's often characterized in young children by strange ties or repetitive motions, along with severe language difficulties—either silence or meaningless repetitions called echolalia. Those with the disorder can be acutely sensitive to sight, sound and touch. Most of all, they have little apparent regard for external reality, seldom interacting or even making eye contact with others.

Laura and Donald Gerrety knew from the start that Andrew was different from their older son, Austin. "He hated to be held—he'd squirm and arch his back," says Laura, forty-two. "He didn't look at me or Donald. He cried every night until five A.M. He was constantly sick. When he didn't talk by eighteen months, I worried, but everyone said, 'Oh, well, kids develop differently.'"

Laura, already busy with her third son, Brendan, and another baby on the way, couldn't handle Andrew's tantrums or his dashes toward busy streets. Sometimes he'd utter a word in a strange, hoarse voice, then never say it again. He'd fixate on an object for hours. He hated the unfamiliar—the ocean, new faces.

"Finally, at two, he was diagnosed *(continued)*

Above: Andrew never used to respond to affection; now he welcomes a kiss from his mom. Below, from left: Andrew takes a sedative before his trip to the doctor; with his hopeful parents; getting an infusion of Secretin, the hormone that has shown promise for some autistic children









NASAL CONGESTION ITCHY NOSE

RUNNY NOSE SNEEZING

en you've had it with multi-symptom nasal allergies...



it takes is FLONASE for multi-symptom relief.

on't have to put up with the frustration of dealing with nasal allergy symptoms nger. Just ask your doctor.... All it takes is multi-symptom FLONASE Nasal Spray a day to help relieve all nasal allergy symptoms, all day and all night.

kids as young as 4 can use FLONASE. So the whole family can get from the sneezing, the itchy, runny nose and the nasal congestion. onder FLONASE is the number one prescribed nasal allergy spray.*

e some antihistamines or decongestants, prescription FLONASE won't e you drowsy or keep you awake. Plus, FLONASE is non-habit-forming, u avoid the "rebound congestion" of many over-the-counter sprays.

est results, FLONASE must be used daily. Maximum relief may take al days. If side effects occur, they're generally mild and may include ache, nosebleed or sore throat.

our doctor if multi-symptom FLONASE is right for you.

Multi-symptom
FLONASE®
(fluticasone propionate)
NASAL SPRAY, 50 mcg

en you get it all...all it takes is FLONASE.

GlaxoWellcome

nformation and a $5.00 rebate coupon, call 1-800-FLONASE (1-800-356-6273) or visit www.flonase.com

e™ Prescription Audit (SPA). U.S. Total Prescriptions, 15 months ending 5/31/99. Scott-Levin. Please see important information on the following page.

FLONASE
fluticasone propionate
Nasal Spray 50 mcg

BRIEF SUMMARY

SHAKE GENTLY BEFORE USE

For intranasal use only

INDICATIONS

WARNINGS

PRECAUTIONS:
General: Rarely immediate hypersensitivity reactions or contact dermatit may occur after the administration of FLONASE Nasal Spray. Rare instances of wheez ng nasal septum perforation cataracts, glaucoma, and increased intraocular pr ssure have been reported following the intranasal application of corticosteroids inclu g fluticasone propionate.

Use of excessive doses of corticosteroids may lead to signs or symptoms of hypercorticalism, suppression of HPA function and/or reduction of growth velocity in children and teenagers. Physicians should closely follow the growth of children and adolescents taking corticosteroids by any route and weigh the benefits of corticosteroid therapy against the possibility of growth suppression if growth appears slowed.

Although systemic effects have been minimal with recommended doses of FLONASE Nasal Spray, potential risk increases with larger doses. Therefore, larger than recommended doses of FLONASE Nasal Spray should be avoided.

When used at higher than recommended doses or in rare individuals at recommended doses, systemic corticosteroid effects such as hypercorticalism and adrenal suppression may appear. If such changes occur, the dosage of FLONASE Nasal Spray should be discontinued slowly, consistent with accepted procedures for discontinuing oral corticosteroid therapy.

Nasal clinical studies with fluticasone propionate administered intranasally the development of localized infections of the nose and pharynx with *Candida albicans* has occurred rarely. When such an infection develops, it may require treatment with appropriate local therapy and discontinuation of treatment with FLONASE Nasal Spray. Patients using FLONASE Nasal Spray over several months or longer should be examined periodically for evidence of *Candida* infection or other signs of adverse effects on the nasal mucosa.

FLONASE Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infection; untreated local or systemic fungal or bacterial, or systemic viral infections or parasitic infections; or ocular herpes simplex.

Because of the inhibitory effect of corticosteroids on wound healing, patients who have experienced recent nasal septal ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred.

Information for Patients: Patients being treated with FLONASE Nasal Spray should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should be warned to avoid exposure to chickenpox or measles and if exposed to consult their physician without delay.

Patients should use FLONASE Nasal Spray at regular intervals as directed since its effectiveness depends on its regular use. A decrease in nasal symptoms may occur as soon as 2 hours after starting therapy with FLONASE Nasal Spray. Results of several clinical trials indicate statistically significant improvement within the first day or two of treatment; however, the full benefit of FLONASE Nasal Spray may not be achieved until treatment has been administered for several days. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if conditions worsen. For the proper use of the nasal spray and to obtain maximum improvement, the patient should read and follow carefully the patient's instructions accompanying the product.

Drug Interactions: In a placebo-controlled trial in which healthy volunteers received administration of a single dose of 4 mg of fluticasone propionate (4 times the maximum daily intranasal dose) with multiple doses of ketoconazole (a 2 times daily dose resulted in increased mean fluticasone propionate plasma concentrations and decreased effects on plasma cortisol. The mechanism for this interaction may be due to inhibition of the cytochrome P450 3A4 isozyme by ketoconazole. Other known inhibitors of metabolism through this isozyme may also be expected to increase systemic exposure to fluticasone propionate. Caution should be exercised when fluticasone propionate is coadministered with ketoconazole and other known inhibitors of cytochrome P450 3A4 isozyme.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in mice at oral doses up to 1300 mcg/kg (approximately 20 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis) for 78 weeks or in rats at inhalation doses up to 348 mcg/kg (approximately 2 times the maximum recommended daily intranasal dose in adults and approximately equivalent to the maximum recommended daily intranasal dose in children on a mcg/m² basis) for 104 weeks.

Fluticasone propionate did not induce mutation in prokaryotic or eukaryotic systems in vitro or in the in vivo mouse micronucleus test.

Reproduction studies performed in rats and rabbits at doses up to 87 and 32 times, respectively, the maximum recommended daily intranasal dose in adults on a mcg/m² basis revealed no evidence of impaired fertility or fetal harm due to fluticasone propionate.

Pregnancy: Teratogenic effects: Pregnancy Category C. In the mouse, but not the rat or rabbit, fluticasone propionate increased the incidence of cleft palate and reduced fetal weight at oral doses equivalent to and 4 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis, respectively. In the rat, fluticasone propionate increased the incidence of skeletal variations (reduced ossification of sternebrae and metacarpals) at oral doses equivalent to and 4 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis, respectively. In the rabbit, fetal weight reduction and increased embryo/fetal mortality were observed at an oral dose of 4 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

FLONASE® (fluticasone propionate) Nasal Spray, 50 mcg

However, no teratogenic effects were reported at oral doses up to 300 mcg/kg (approximately 35 times the maximum recommended daily intranasal dose in adults on a mcg/m² basis) of fluticasone propionate to the rabbit. No fluticasone propionate was detected in the plasma in this study consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY section in the prescribing information).

Fluticasone propionate crossed the placenta following oral administration of 100 mcg/kg to rats or 300 mcg/kg to rabbits (approximately 4 and 25 times, respectively, the maximum recommended daily intranasal dose in adults on a mcg/m² basis).

There are adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Experience with oral corticosteroids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from corticosteroids than humans. In addition, because there is a normal increase in corticosteroid production during pregnancy, most women will not require a lower exogenous corticosteroid dose and many will not need corticosteroid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. When intranasal fluticasone propionate was administered to rats at a subcutaneous dose of 10 mcg/kg (less than the maximum recommended daily intranasal dose in adults on a mcg/m² basis), radioactivity was excreted in the milk. Because other corticosteroids are excreted in human milk, caution should be exercised when FLONASE Nasal Spray is administered to a nursing woman.

Pediatric Use: Five hundred (500) patients aged 4 to 11 years of age and 440 patients aged 12 to 17 years were studied in US clinical trials with fluticasone propionate nasal spray. The safety and effectiveness of FLONASE Nasal Spray in children below 4 years of age have not been established.

Oral and, to a less clear extent, inhaled and intranasal corticosteroids have been shown to have the potential to cause a reduction in growth velocity in children and adolescents with extended use. If a child or adolescent on any corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: A limited number of patients above 60 years of age (n =275) have been treated with FLONASE Nasal Spray in US and non-US clinical trials. While the number of patients is too small to permit separate analysis of efficacy and safety, the adverse reactions reported in this population were similar to those reported by younger patients.

ADVERSE REACTIONS: In controlled US studies, more than 3300 patients with seasonal allergic, perennial allergic, or perennial nonallergic rhinitis received treatment with intranasal fluticasone propionate. In general, adverse reactions in clinical studies have been primarily associated with irritation of the nasal mucous membranes, and the adverse reactions were reported with approximately the same frequency by patients treated with the vehicle itself. The complaints did not usually interfere with treatment. Less than 2% of patients in clinical trials discontinued because of adverse events; this rate was similar for vehicle placebo and active comparators.

Systemic corticosteroid side effects were not reported during controlled clinical studies up to 6 months' duration with FLONASE Nasal Spray. If recommended doses are exceeded, however, or if individuals are particularly sensitive, or taking FLONASE Nasal Spray in conjunction with administration of other corticosteroids, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

The following incidence of common adverse reactions (>3%, where incidence in fluticasone propionate-treated subjects exceeded placebo) is based upon seven controlled clinical trials in which 536 patients (57 girls and 108 boys aged 4 to 11 years, 137 female and 234 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 2 to 4 weeks and two controlled clinical trials in which 246 patients (119 female and 127 male adolescents and adults) were treated with FLONASE Nasal Spray 200 mcg once daily over 6 months. Also included in the table are adverse events from two studies in which 167 children (45 girls and 122 boys aged 4 to 11 years) were treated with FLONASE Nasal Spray 100 mcg once daily for 2 to 4 weeks.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in Controlled Clinical Trials With FLONASE Nasal Spray in Patients ≥4 Years With Seasonal or Perennial Allergic Rhinitis

	Vehicle Placebo (n=758) %	FLONASE 100 mcg Once Daily (n=167) %	FLONASE 200 mcg Once Daily (n=782) %
Headache	14.6	6.6	16.1
Pharyngitis	7.2	6.0	7.8
Epistaxis	5.4	6.0	6.9
Nasal Burning/ Nasal Irritation	2.6	2.4	3.2
Nausea/vomiting	2.0	4.8	2.6
Asthma symptoms	2.9	7.2	3.3
Cough	2.8	3.6	3.8

Other adverse events that occurred in ≤3% but >1% of patients and that were more common with fluticasone propionate (with uncertain relationship to treatment) included: blood in nasal mucus, runny nose, abdominal pain, diarrhea, fever, flu-like symptoms, aches and pains, dizziness, bronchitis.

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during postapproval use of fluticasone propionate in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events have been chosen for inclusion due to either their seriousness, frequency of reporting, causal connection to fluticasone propionate, occurrence during clinical trials, or a combination of these factors.

General: Hypersensitivity reactions, including angioedema, skin rash, edema of the face and tongue, pruritus, urticaria, bronchospasm, wheezing, dyspnea, and anaphylaxis/anaphylactoid reactions, which in rare instances were severe.

Ear, Nose, and Throat: Alteration or loss of sense of taste and/or smell and, rarely, nasal septal perforation, nasal ulcer, sore throat, throat irritation and dryness, cough, hoarseness, and voice changes.

Eye: Dryness and irritation, conjunctivitis, blurred vision, glaucoma, increased intraocular pressure, and cataracts.

OVERDOSAGE: Chronic overdosage with FLONASE Nasal Spray may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Intranasal administration of 5 mg (10 times the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 10 mg daily for 14 days in patients were well tolerated. Adverse reactions were mild or moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since the bottle of FLONASE Nasal Spray contains approximately 8 mg of fluticasone propionate.

The oral and subcutaneous median lethal doses in mice and rats were >1000 mg/kg, >10000 and >41000 times, respectively, the maximum recommended daily intranasal dose in adults and >10000 and >20000 times, respectively, the maximum recommended daily intranasal dose in children on a mg/m² basis).

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ANDREW AWAKES
Continued

with PDD—pervasive develo disorder," says Laura. "We we so happy, we cried. We said, he's not autistic!' Then we fou autism is one type of PDD."

A DREAM LIFE SHATTERE

Laura, who worked in commer estate, and Donald, national sal ager for Sprint, enjoyed a con life in the affluent Washingtor suburb of Potomac, Maryland. ter it became clear that Andrew ed more supervision than an two-year-old, Laura began down on her work hours.

Neither a one-on-one public program nor a $25,000-a-year preschool did any good. Vitar dietary regimens failed. Then t gan the Lovaas therapy, an in regimen consisting of up to t forty hours of exercises a we cause the therapy calls for cons teraction, the Gerretys had to rotating team of psycholo special-ed students from local u ties to help them work with An

It was an exhausting and fru process, but slowly, Andrew lea pay attention. At four, he began derstand that words represented But by that time, the family ready spent $100,000, and, afte (who had taken a leave of a from her job) was severely injur 1996 car accident, their funds n completely. The Gerretys bankrupt in 1997 and had to m of their home.

It was the worst of times. A now an unusually strong six-ye kicked and bit his mother. He lamps, stuffed up the toilet, turn faucets and the oven, cut off t bil's tail, and ran toward traffic.

The stress took a toll on ev Donald developed painful divert Laura, bleeding ulcers. Austin spe recess time kneeling before the rig statues at his Catholic school, pra God to "make Andrew bet Mommy will be happy." Well-m friends and family advised puttin drew in an institution. Donald refu

mty and the state of Mary
wed long-term funding for
care and education, includ
to watch him after school
a pilot program on autism,
attending special-ed class at
ool, mainstreaming part of
Small doses of Risperdal, a
sychotic drug, calmed him.
tled into the normal rough-
le pace of a family with four
s.

ne day last fall, Laura's sister-
lled to tell her about a seg
the TV show *Dateline NBC*
autistic boy who had made a
us recovery. It seemed like
r they had been praying for.

.ST HOPE

n amazing story. In 1996,
Beck, worried about her
ear-old
on's severe
problems,
en Parker
ndoscopy.
days, Park-
sleeping
the night
irst time in
rs. His in-
problems
ed. Within
eks, he was
his parents
eye, and
—for the
e ever.



Though Andrew is still autistic, there are times when he behaves like any other eight-year-old. No one knows what his future holds

Parker hadn't
n treated for his intestinal ail-
he only thing Beck could think
might have caused this miracu-
naround was Secretin, the hor-
that doctors had given Parker
fore the endoscopy to neutralize
ds in his stomach. The hormone
xtract taken from pigs' intestines.
ker kept improving for five
then his progress stopped. His
wouldn't give him any more
in because he was skeptical
its effectiveness, so Beck con-
other doctors and parents of
children, rallying their support
ging that they try the hormone
nselves.

Among those she spoke to was Bernard Rimland, Ph.D., a psychologist and head of the Autism Research Institute in San Diego, who had long been convinced that autism is a biological brain disorder.

Rimland urged Beck to keep track of every development in the meantime other children had been given the hormone on a trial basis. Beck documented the chemical and behavioral changes in Parker through videotape and lab tests. After much effort Beck was able to obtain additional Secretin treatments for her son.

By the time *Dateline* broadcast her story, Rimland could report that about one hundred twenty autistic children had received doses of Secretin—given "off label," not for its FDA approved use. (Some three thousand kids have received it since then, he reports.) Many had shown dramatic improvement.

Laura Gerrety was electrified, and set out to learn more. At the time, Secretin was available only through Ferring Pharmaceuticals, Inc., in Tarrytown, New York. (They no longer make the hormone.) From the company, she got a list of drugstores that carried Secretin, then called around to find a pharmacist who would order it if she got a prescription. Andrew's pediatrician, Frederick North, M.D., examined the bundles of evidence Laura presented, collected his own research and agreed: He would prescribe the Secretin and administer it to Andrew.

Andrew received his first dose on November 10 of last year. It was a flop. Laura was deeply discouraged—until she read a doctor's report to the Autism Research Institute indicating that patients didn't see results if they were taking oral antibiotics. Andrew had recently been on antibiotics. Laura decided to try again in *(continued)*

Deep cleans.

Refreshes.

Gets

your face a

tropical smoothie

and puts

the AC on high.



basis
The bare maximum.

Your RDA Q&A

Seems like you can never know enough about nutritional supplements and all they can do for you...

I've heard a lot about SAM-e. What exactly is it and what are the benefits?

SAM-e (S-adenosylmethionine) is a naturally occurring compound found in every living cell in the human body. It is critical in the manufacture of joint cartilage and the maintenance of neural cell membrane function.

I am concerned about the safety of dietary supplements. What kind of research is available on SAM-e?

SAM-e has been clinically tested by the top experts at the top institutions worldwide, including the UCLA Medical Center and Harvard's Massachusetts General Hospital. The results of over 75 clinical studies involving over 24,000 people demonstrate that SAM-e is a safe and powerful supplement for emotional well-being, joint mobility, liver health and more.

To receive a brochure on SAM-e or to speak with a nutritionist, call Nature Made's toll-free hotline at 800-276-2878

Nature Made
Recommended By Pharmacists

ANDREW AWAKES

Continued

January, when her son's system would be antibiotic-free.

SMALL MIRACLES

The afternoon of January 5, 1999, Laura drove Andrew to North's office, where Donald was waiting. So was another couple, the Kennedys, with their then-five-year-old autistic son, Ryan, who would share the vial of Secretin. (One vial holds enough for one dose for two children of Andrew's weight.) North firmly but gently inserted the needle into Andrew's vein. It was over in less than a minute.

The next day, Andrew had a number of minor seizures. But overall, he seemed calmer, more attentive. A few days later, Laura was hospitalized for ulcers. By the time she came home, there had been a series of small but distinct changes in Andrew. He was talking more. When his teacher gave him a time-out, he protested, "I'm mad!"

"Where's Mom?" he asked Donald, who, with his back turned, thought it was Austin. "Upstairs in bed," said his father. Waiting for him, Laura said, "Did you say, 'Where's Mom?'" Andrew answered, "Yes, Mom."

Andrew now asked for "Cereal, please," at breakfast. "School bus coming soon?" he inquired. Asked to do something, he said, "Okay." The Gerretys were thrilled. (Ryan Kennedy showed improvement, too.)

Soon, Andrew was dressing himself every day. He watched a video from beginning to end, laughing and getting sad in the proper places. If one of his brothers snatched a toy from him, Andrew hung on and made a fuss instead of looking for another plaything.

One week before Andrew's next dose of Secretin in February, Laura took him off all his medication to see whether this would boost the effectiveness of the hormone. After this infusion, Andrew shocked his teacher by proclaiming, "I'm mad, I'm sad and I'm bored!"—an extraordinarily self-aware remark, since autistic children almost never label their emotions. When Blake, his youngest brother, fell and hurt himself, Andrew rushed to rub his back, said, "It's ok[ay]... okay," and hugged him. He put himself to bed at the same time each night and slept straight through.

Andrew began to make friends among the mainstream first- and second-graders. Encouraged, his school acquired special computers that would type words, to reinforce Andrew's speech. Andrew had another dose of Secretin in mid-March. Since then he seems to be laughing and interacting more often. "He's so much more interactive," notes Laura. He's closer to four-year-old Blake, giggling and holding him back as his brother tries to box with him.

Though these results seem impressive, some conventional doctors remain skeptical about Secretin's reputation as a wonder drug. Though an estimated 70 percent of parents of autistic children taking the hormone report improvement, some experts think they may be imagining the changes in their desperation to see their child get better.

Gastroenterologist William Chey, M.D., D.Sc., of the University of Rochester Medical Center in Rochester, New York, has used Secretin on an autistic child with "beneficial" results. But he is also concerned that "without carefully controlled trials, we just don't know enough about it to use Secretin as a recognized therapeutic agent for autism." Some parents and professionals wonder whether the effects of the hormone are temporary or whether Secretin might cause permanent medical harm later on.

We'll know some of these answers soon. "Double-blind" clinical trials are already under way at the University of Maryland, California, [illegible] and Utah, among others. A biopharmaceutical firm, RepliGen Corp., has created a synthetic form of human Secretin, and they plan to conduct clinical trials on it this January.

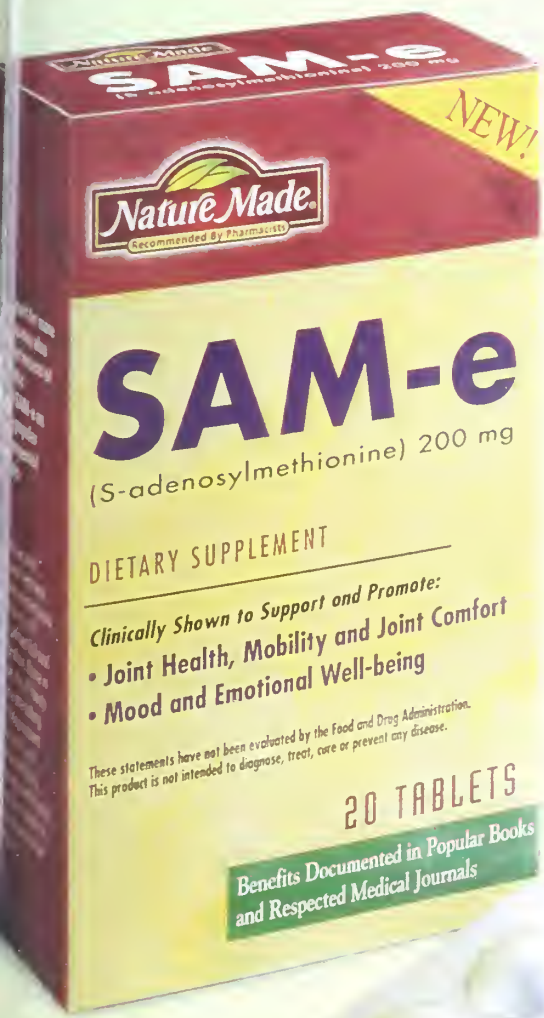
Meanwhile, Laura Gerrety is expecting the world.

"Love Mom," for now, is more than enough. ■

Diana McLellan is a contributing editor of Ladies' Home Journal.

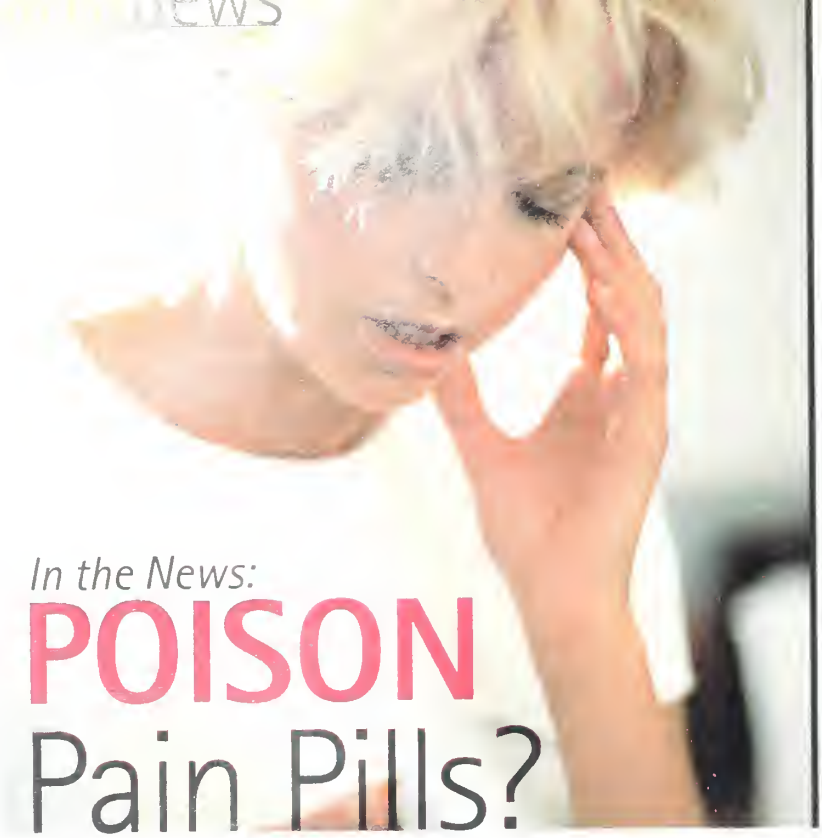
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In the News:

POISON Pain Pills?

This summer, an article in *The New England Journal of Medicine* reported a "silent epidemic" that kills almost as many people each year as AIDS. The cause: pain relievers such as aspirin, ibuprofen and naproxen, which can seriously damage the stomach lining without causing symptoms.

These pain relievers, called nonsteroidal anti-inflammatory drugs or NSAIDs, are safe for most people when taken as directed, says M. Michael Wolfe, M.D., a gastroenterologist at Boston University School of Medicine and lead author of the article. But since Americans buy around thirty billion over-the-counter pills and fill seventy million prescriptions with these medications in them each year, the "small percentage of people" who might have problems—those with a history of ulcers, who take corticosteroids or blood thinners or are over [illegible] add up to hundreds of thousands of individuals.

In addition, people who treat chronic pain by popping NSAIDs regularly, even at the proper dose, are at risk. In fact, it is estimated that 16,500 arthritis sufferers die each year from NSAID side effects. Luckily, there may be safer alternatives: The FDA recently approved two new drugs, Celebrex and Vioxx, that seem to provide pain relief without the stomach problems, according to short-term studies done so far.

Even if you aren't in a high-risk group, you should be careful about taking NSAIDs over extended periods. "The more of them you take, the higher your risk," says Richard Dart, M.D., Ph.D., director of Rocky Mountain Poison and Drug Center, in Denver. He also warns about taking NSAIDs and drinking alcohol because both can irritate the stomach. That doesn't mean no aspirin to ward off a hangover—just don't make a habit of it. Even when they're coated, these pills are powerful drugs that should be taken with caution.

—Deborah Moss

Choosing coated pills does not help reduce the rate of potentially fatal complications from pain relievers

BODYBRIEFS

A SHOT IN THE ARM



The best time to get your annual flu shot is October through mid-November since flu season begins to peak in late December. This will give your body time to produce antibodies and thus mount a strong defense.

CALCIUM TIP If you're taking 1,000 to 1,200 mg of calcium per day to ward off osteoporosis, **divide the dose in half** to improve the mineral's absorption, says Bess Dawson-Hughes, M.D., of Tufts University's USDA Human Nutrition Research Center, in Boston. Take one tablet in the morning and one in the evening.

CANCER QUIZ You can **determine your risk of developing breast, ovarian, endometrial and cervical cancer** by filling in a questionnaire on the Women's Cancer Network Web site (*www.wcn.org*). In ten minutes you'll receive a personalized, confidential assessment.



HEALTH CRISIS Donated blood is in increasingly scarce supply and **serious shortages could hit as early as next year**, says the National Blood Data Resource Center. Call the American Red Cross at 800-448-3543 to find a blood donation center near you.



MICROWAVE ALERT The USDA Food Safety and Inspection Service warns that **reheating leftovers in margarine tubs or in foam or convenience dishes may contaminate food** with chemicals such as DEHA, which is found in these containers. Look for "microwave safe" labels. —Christine Many



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Where Does It Hurt?

If your toe smarts, you stubbed i right? Maybe not. You could have "referred pain," a signal of a problem elsewhere, says Russell Portenoy, M.D., chair of the department of pain medicine and palliative care at Beth Israel Medical Center, in New York Cit "If pain is unexplained, severe or long-lasting, see a doctor." —Sarah Smi

Where it hurts	Real source	Possible diagnosis
Fingers, neck or shoulders	Wrist	Carpal tunnel syndrome
Knee	Hip	Arthritis or hip infection
Elbow	Shoulder	Nerve damage
Tip of shoulder	Diaphragm	Hepatitis or liver cancer
Shoulder blade	Gall Bladder	Gallstones
Hand or arm	Neck	Slipped disc—upper spine
Hip, leg or foot	Back	Slipped disc—lower spine

Ask the Expert

Q: I'VE NOTICED THAT MANY FOODS HAVE ADDED NUTRIENTS AND HERBS. ARE THESE WORTH BUYING?

A: Nutrient-enhanced foods are not a new idea—consider milk with added vitamin D—but they are flooding the market in unprecedented numbers and combinations. Nowadays there is even ice cream with echinacea and chewing gum with ginkgo biloba. But with a few exceptions, these new "functional foods" are not going to improve your health, says Marion Nestle, Ph.D., chair of the nutrition and food studies department at New York University, in New York City. And they usually cost five to eight times more than their unfortified counterparts.

The problem? Some of the fortified products are also loaded with sugar or fat, which defeats their healthful purpose. Others, such as those with herbs like St. John's wort, may have too little added to be effective.

Two of the better choices include a pair of new margarines, Benecol and Take Control, which have chemical added that studies show lower cholesterol. And Kellogg's Ensemble line of baked goods and snack foods fortified with psyllium a natural soluble fiber, may also help lower cholesterol. —Christine Many



The drug you've been waiting for?

THE HOT NEW NATURAL CURE

SAMe, pronounced *sammy* and short for S-adenosylmethionine, is being touted as the latest miracle supplement. It's new to the U.S., but has long been popular in Europe for its success at treating depression, arthritis and liver disease. SAMe can be sold here as a supplement because the chemical is produced naturally in the body.

While St. John's wort is used to treat mild depression, SAMe is the first natural cure considered helpful for more serious cases. In European studies, 1,600 mg of SAMe a day was as effective as some prescription medications—and a mild stomach ache was its most serious side effect.

Some doctors are dubious, pointing out that clinical trials overseas may have looser standards than in the U.S. Also, patients with severe depression should not switch medication without supervision. Of course, it's vital to check with your doctor before taking SAMe.

—Kim Atkinson

EXERCISE BACK BUILDER

To strengthen and stabilize your lower back, try this move from Gary Kraftsow, author of *Yoga for Wellness* (Penguin Arkana, 1999).

1 Lie on your stomach, palms on the floor by your chest, head turned left. Inhale as you lift your chest and left leg off the ground and face center.

2 Exhale as you lower your chest and leg and face right. Repeat on your right side. Alternate sides.



CONSULT YOUR DOCTOR BEFORE BEGINNING ANY EXERCISE PROGRAM.

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Looks good, tastes great, helps you lose weight. Pizza, it turns out, is a dieter's friend

Lose **FIVE** Pounds **FAST**

Diet docs will tell you to cut fat and to exercise. But to help you lose weight by the weekend, we sought the advice of *real* experts—women like you **By Stacey Colino**

Eat less, exercise more; eat less, exercise more . . . The fundamentals of weight-loss have practically become a mantra, we know them so well. But when a diet emergency presents itself—say we've got to squeeze into a certain body-hugging dress for a party on Saturday—many of us jettison the expert [illegible] for what some [illegible] may be, we asked five [illegible] to share their self-styled diets. Then we had nutrition consultant Jackie Newgent, R.D., a New York City–based spokesperson for the American Dietetic Association, render her expert opinion on these crash-diet plans.

THE MARGOT TYMPANICK PIZZA DIET

"It's a desperation measure," confesses Margot Tympanick, thirty-nine, of New York City. "I just [illegible] eat cottage cheese [illegible] for lunch. I have [illegible] that needs to be satisfied. On the other hand, I love pizza. On this diet, I can eat what I like best and still lose weight."

The trick to Margot's diet is keeping quantities limited. "I've always been a breakfast-skipper," she says. "So that's easy." For lunch, she'll have a large slice of cheese pizza with a can of diet soda, and for dinner, a slice of cheese pizza topped with some vegetables. "Since it's takeout pizza, I don't have to fuss in the kitchen. If I do this for two or three days, I can wake up a few pounds thinner."

Grade: C– "Pizza can actually be healthy—its ingredients come from several different food groups—especially if you have vegetables on it, and it's not high-fat food unless you add meat or extra cheese," Newgent says. "On the downside, she's skipping breakfast, so she's not kick-starting her metabolism for the day, and she's missing many vitamins, minerals and fiber." What's more, because this plan is so low in calories—only 800 or so a day—she's probably losing more water weight and muscle mass than body fat.

Room for improvement "Eat breakfast," Newgent urges. "Even if it's just a couple of handfuls of cereal. I'd also like to see her add a fruit serving each day and a lean-meat topping—like ham or Canadian bacon—to her lunch pizza."

THE STACEY FELLNER SMOOTHIE DIET

Before a body-conscious event, Stacey Fellner, thirty-six, of San Francisco, sometimes pares her diet down to the bare, low-calorie essentials she loves for two days: half a bagel with jam, orange juice and coffee for breakfast; and smoothies for lunch and dinner. For her smoothies she tosses in a container of vanilla low-fat yogurt, half a banana, a splash of orange juice, three-quarters of a cup of frozen strawberries, two tablespoons of wheat germ and a handful of ice cubes.

"I'm the worst dieter," Fellner confesses, "but eating this way satisfies my sweet tooth, gives *(continued)*



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(Suggestion #31)



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pounds and flatten my stomach fast."

Grade: C The fruit, dairy and wheat germ in this diet are all healthy, but the plan is too low in protein, which can result in muscle loss, Newgent says. "And Stacey's missing important vitamins and minerals because she's not eating vegetables. A smoothie can be a healthy food, but once a day is enough."

Room for improvement: "Instead of the dinner smoothie, substitute a vegetable stir-fry with several ounces of lean meat or poultry for dinner—or a bean soup—to increase protein," Newgent says.

THE SUSIE HALL GRAPE-JUICE FAST

A former flight attendant, Susie Hall, forty-seven, of Plano, Texas, used to have to meet a certain weight-limit for her job. So for four or five days before the big weigh-in, she'd fast, drinking nothing but grape juice—more than a quart a day—plus water. She'd also take a daily multivitamin. "I like the taste of grape juice," she explains. "With this plan, I'd have plenty of energy, my complexion would look great, and I could lose up to nine pounds in five days."

Grade: F "This doesn't provide any fiber, protein or fat," Newgent

When a woman needs to drop pounds in a hurry, desperation can be a truly inspiring thing



To be used only in case of emergency: The Grape-Juice Fast

says. "Following it would cause Susie to lose so much water weight and lean muscle that it could actually slow her metabolism, making it harder for her to lose weight in the future. And as you get older, your organs, especially your heart, have a harder time handling the kind of stress this diet would cause, so you might have temporary irregularities in heartbeat, lightheadedness or dizziness."

Room for improvement: "This is a completely inadequate diet," says Newgent. "My suggestion is that she eat something—anything—at each meal."

THE GINNY WRIGHT RICE-CAKE DIET

Right before bathing-suit season, Ginny Wright, thirty-six, of San Anselmo, California, goes on an all-out diet for two days. "I'll eat rice cakes with a little cheese melted on them and topped with salsa for breakfast, lunch and dinner," she says. "And I drink a lot of water. I have no idea why I started doing this—I guess because rice cakes are low-calorie, cheese is very filling and satisfying to me, and salsa has a lot of flavor and virtually no calories. If I eat this way for two days and exercise, I can lose close to three pounds."

Grade: C- Ginny gets points for drinking lots of water, Newgent says. But she has no variety in her diet and no fruits or vegetables besides what's in the salsa. Plus, this plan is so low in calories, protein and iron that she'll lose mostly water weight and muscle.

Room for improvement: "Eat more," Newgent says. "Add fruit at breakfast. For lunch and dinner, add a lean meat or bean serving. If you're going to have rice cakes, make sure they're brown-rice cakes, which provide more fiber."

THE MARTHA ELLEN SMITH LARGE-LUNCH DIET

After giving birth to each of her three children, Martha Ellen Smith, twenty-eight, of Levittown, Pennsylvania, had to lose forty-five pounds so she got weight-loss down to a science. Now, losing three pounds in a week is a snap if she sticks with her high-fiber eating style.

She'll start the day with a bowl of high-fiber cereal and skim milk, plus coffee. For lunch—her largest meal of the day—she'll cook kidney beans with carrots, soy sauce and crushed red pepper and serve them over a cup of bulgur. If she's hungry in the afternoon, she'll have some grapes or a banana. For dinner, she'll make something her kids will eat, such as macaroni and cheese but made with skim milk, no butter, and adding kidney beans for fiber; plus she'll have a green vegetable or a salad. Throughout the day, she drinks at least sixty-four ounces of water. "I'm never hungry because the fiber combined with the water fills me up," she says. "And I instantly notice results."

Grade: B "On the plus side, she's getting plenty of fiber and water and making healthy eating selections," Newgent says. But while the low calorie count could lead to a loss of three pounds per week—probably a combination of body fat, muscle and water—her diet is too low in fat for the long haul, Newgent says.

Room for improvement: "I suggest she add a tablespoon of oil and vinegar dressing to her salad," Newgent says. "Also, she should consistently plan two servings of fruit a day."

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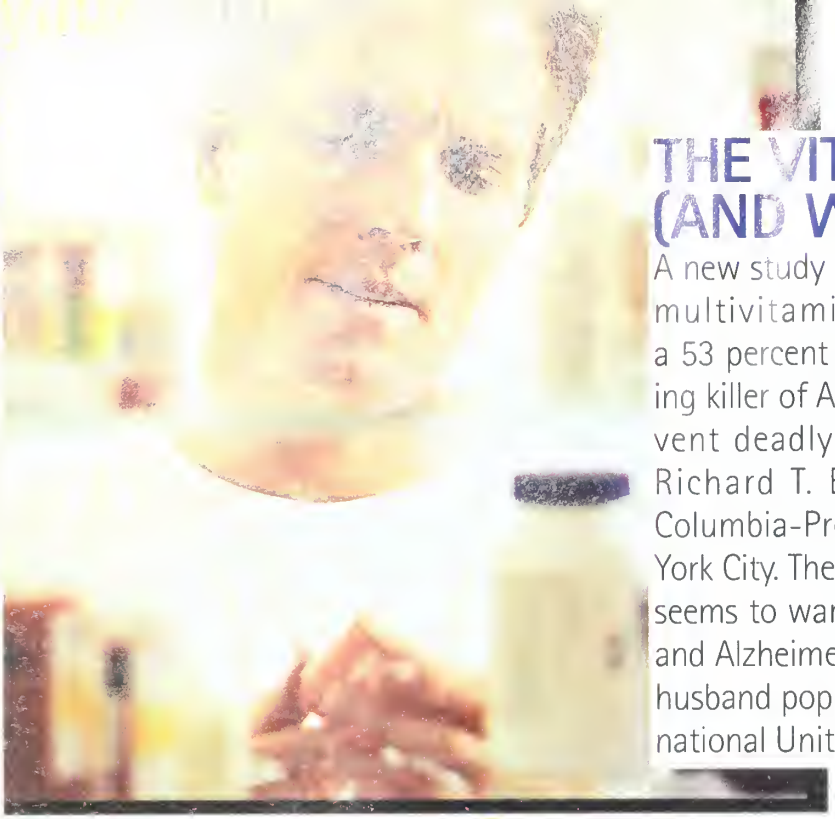
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THE VITAMIN EVERY MAN (AND WOMAN) NEEDS

A new study shows that people who take a daily multivitamin containing vitamin E have a 53 percent lower risk of stroke, the third leading killer of Americans. Vitamin E appears to prevent deadly hardening of the arteries, says Richard T. Benson, M.D., a neurologist at Columbia-Presbyterian Medical Center, in New York City. The vitamin may have other benefits: It seems to ward off prostate cancer, heart disease and Alzheimer's disease. So be sure you and your husband pop a multivitamin containing 30 International Units of vitamin E every day.

THE CRAZIEST THING WE EVER DID TOGETHER

• When my husband and I were law students, we took a trip to the Bahamas. We were short on cash, so we gambled for dinner money. We made enough to eat out every night, but we had cheese and sausage for all our other meals. —Gayle Fisher, 30; Chicago

• I never wanted to get married in a white dress, so my husband and I wore uniforms from *Star Trek*, my favorite show. I was the captain and my husband was the second-in-command. The minister even used lines from the show, such as "to go where no one has gone before." —Lori Pahler, 42; River Forest, Illinois

• We were standing in the checkout line at Toys "R" Us when I noticed that the cashier was staring at my husband. I could tell she was attracted to him, so I told her that he was my brother and I'd give her his phone number if she gave us a discount on the bikes we were buying for our kids. My husband played along, and we saved a lot of money! —Shenequa Dawson, 28; Columbus, Ohio



MAN, THE SPECIES

WHY DO MEN NEED THEIR SPACE?

Men are taught at a young age not to show emotion or neediness, says William Pollack, Ph.D., assistant clinical professor of psychiatry at Harvard Medical School, in Boston. So in times of conflict, a man usually wants to be alone to pull himself together. When he's ready to reconnect, he'll reach out by saying something mundane such as, "Is dinner ready yet?" Try to recognize your husband's signal and encourage him to start talking.

FOUR THINGS HE NEVER WANTS TO HEAR YOU SAY AGAIN From our panel of men:



"Oh, my ex-boyfriend used to. . . ."
Jeff Huhta, 32; single, engineer, Fort Collins, Colorado



"Do I look fat?"
Peter Crow, 34; married, two children, 3 and 1, physician, Charlottesville, Virginia



"It's that time of the month."
Paul Neumaier, 29; single, trader, New York City



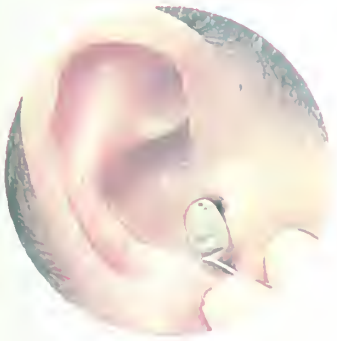
"Why did that red light come on in the car?"
Ross Bretches, 30; married, landscaper Waynesboro, Virginia

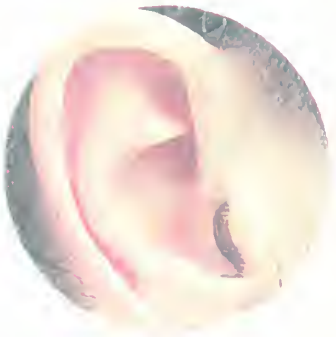
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Dahlberg, Inc

By Mary C. Hickey



Should You Talk About Family Duties In A Job Interview?

Our question this month poses a dilemma for many job seekers—as well as for the people interviewing them. There are good reasons to talk about family—and good reasons not to. Here, both sides of the issue:

YES "It's okay to be up-front about your family commitments—particularly in today's strong economy, when job seekers can be selective. If you're not clear about it, you may end up with a job that's impossible for you to manage. No, never go into a job interview whining about your personal life, and don't go into the specifics of your situation. But it's perfectly reasonable to ask questions about travel and other expectations that may interfere with family responsibilities." *—Susan Seitel, president, Work & Family Connections, Minneapolis, Minnesota*

NO "You have to remember that you are one of many candidates, and that the interviewer is looking for excuses to eliminate you. Make sure he doesn't find any. You don't want to bring up anything that may be viewed as a negative, and, the fact is, some employers consider family duties a drawback. If you are asked about your family situation, say, 'I assume you're wondering if I'm prepared to handle the responsibilities of this job, and the answer is yes, absolutely.'" *—Terry Devlin, career counselor, Career Management International, Houston, Texas*

ONE-MINUTE INTERVIEW

There's an important new book hitting the shelves now: *Ask the Children* (William Morrow) by Ellen Galinsky, president of the Families and Work Institute. The book is based on a survey of more than one thousand children who were asked how they feel about their parents' employment. We asked the author to fill us in.

LHJ: What is the most surprising thing you learned in your research?

EG: That there was no difference between how children with employed moms and those with moms at home assessed their mothers' parenting skills. What matters to kids is not whether their mother works, but how she relates to them.

LHJ: What do parents think?

EG: Most working moms assume that their kids want more time with them. But when asked to name the one thing they could change about their mothers' work lives, only 10 percent of kids said that. More than a third wished that their parents were less tired and stressed and 23 percent wished their folks made more money.

LHJ: What message should we draw from this?

EG: That we may be handling things better than we think. While most adults don't give themselves high marks, the vast majority of kids say we're doing a great job at managing work and family. But we need to ask our kids what they wish we would do differently. And we need to listen to what they have to say.

MY BALANCED LIFE

"My Husband Is A STAY-AT-HOME Dad"



"I'm lucky—and so are my kids"

VITAL STATS: Linda W. Boff, 37, Irvington, N.Y.; married and mother of two children, Nelligan, 6, and Tobias, 4

PROFESSIONAL STATUS: Director of Marketing for the American Museum of Natural History, in New York City

ON HER ARRANGEMENT: "We always knew that one of us would stay home with our kids, and when they were born, it made more sense for my husband, Regis, to do it. He was ready to take a break from his career. I was just hitting stride in mine."

THE UPSIDE: "Regis and I have different styles, and I wouldn't always choose the same approach (or the same outfits!) he does, but I go to work knowing that my children are in the best possible hands. I also love that the kids have a male parent as a role model."

THE DOWNSIDE: "It can be hard not to crowd Regis out when I come home—I want so much to take over. But when I do take over, that's hard, too. On weekends, I want to give Regis a break, and try to do it all on my own. It's exhausting."

HOW PEOPLE REACT: "For some reason, everyone asks me if he also does laundry. [He does.] They would never ask that if our roles were reversed."

OVERALL ASSESSMENT: "My situation has given me a appreciation for stay-at-home moms. Working dads with stay-at-home wives should realize how lucky they are."



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THE GIRL WHO DIED FOR HER BELIEFS

When she was confronted by the killers at Columbine High, in Littleton Colorado, seventeen-year-old Cassie Bernall told them she believed in God. Then they shot her. Here, for the first time, her mother speaks out about her daughter's final act of courage By Misty Bernall

FROM THE BOOK SHE SAID YES: THE UNLIKELY MARTYRDOM OF CASSIE BERNALL BY MISTY BERNALL PUBLISHED BY THE PLOUGH PUBLISHING HOUSE COPYRIGHT © 1999 BY MISTY BERNALL

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-forty-five A.M., my
band, Brad, left for
rk, and a short time
·r, I woke the kids.
tting teenagers out of
l is always a battle,
t that Tuesday was
ecially difficult.
ssie had stayed up
: the night before to
ch up on homework.
About seven-twenty,
· son, Chris, fifteen,
sed me good-bye and
aded out the door.
assie stopped to put
her beloved velvet Dr. Martens, then
abbed her backpack and followed her
other. As she left I said, "'Bye, Cass. I love you."

"Love you, too, Mom," she mumbled. Then she was
one, through the backyard to the high school, which is
nly a hundred yards from our house.

Around lunchtime, I got a call at work from Charlie, a
iend, asking me if I'd heard about a shooting at the high
chool. I tried not to panic. It was probably just some
ids facing off in the parking lot, I told myself. Besides, I
ad always thought of Columbine as safe.

I called Brad, who was home from work early. He said
hat he'd heard several pops and one or two loud booms.
t was probably just some pranksters setting off firecrack-
rs, he assured me.

But after we hung up, Brad went outside and peered
ver our backyard fence. There were cops everywhere.
He ran back inside and turned on the TV and saw the
first live coverage of the shootings.

"My thoughts were focused on Cassie and Chris, but
in the back of my mind, I was sure they were both
okay," Brad says. "It seems that if something were to
happen to someone close to you, you would sense it."



"I am profoundly proud of [what Cassie did]," says Misty Bernall. "She was a far stronger woman than I'll ever be"

THIRTY-SIX HOURS OF ANGUISH

By the time I got to Columbine, hundreds of people had already descended on the area near the school—desperate parents frantically searching for their children, plus police officers, reporters and onlookers. It was complete pandemonium. All we knew for sure was that two armed gunmen had gone on a rampage through the school, mowing down students and then boasting about it.

Some parents were directed to an elementary school to wait for news; others of us were taken to the public library. It was like a battle zone. I ran from one cluster of students to another, yelling for Cassie and Chris and asking if anyone had seen them.

We found Chris in the afternoon. He had fled to a neighbor's house and finally managed to get through to us. Immediately I began to breathe easier. Thank God, I thought. But that sense of relief lasted only for a second or two. Where was my daughter?

Gradually fatigue overtook me and I went home that night and tried to go to sleep. But every time I closed my eyes, a new nightmare would jolt me awake. All I could see was Cassie—huddled in some dark closet, wondering if it was safe to come out; lying on a cold floor, bleeding to death; crying out for help with no one to comfort her. How I longed to hold her. The agony of her absence was more than I could bear.

Around three-thirty in the morning I finally got up. Brad and I walked down the street to where a sheriff's car was sitting. We asked the officer several questions, but he wouldn't give us any answers. Finally, Brad said, "Look, just tell us the truth. We have reason to believe that our daughter is still in the school. Is anyone in there alive?"

The officer said, "Okay, I'll give it to you straight. There is no one left alive."

Even then, I was not yet ready to give up hope. "There's always a chance she's one of the injured who's not accounted for at the hospital," I told Brad.

Twenty-two hours later, at about two A.M. on Thursday, my defenses finally collapsed. The phone rang and a woman from the coroner's office told us what we had been dreading: They had Cassie's body. Our little girl was gone forever. I cried as I had never cried before.

ONE COURAGEOUS WORD

From what I've been told, it must have been about eleven-fifteen Tuesday morning when Cassie walked into the school library to do a homework assignment. Crystal, a close friend of Cassie's, was also in the library, sitting with some other classmates. "We had been there maybe five minutes when a teacher came running in, yelling that there were kids with guns in the hall," she told me. "At first we were like, 'It's a joke, a senior prank.' Then we heard shots coming closer. A kid came in and *(continued)*



From left: Tributes to Cassie left at Columbine High; Cassie with her parents and her brother, Chris; the funeral for the courageous teen

(continued) dropped to the floor. There was blood all over his shoulder. We got under our table, fast. Then Eric [Harris] and Dylan [Klebold] came into the library, shooting and saying things like, 'We've been waiting to do this our whole lives,' and cheering after each shot.

"Their voices sounded scary, evil. At the same time, they seemed so happy, like they were playing a game. They came up to our table and they were right above us. I could hardly breathe, I was so scared. Then suddenly, they left the room—probably to reload. We dashed out a side door just before they came back in."

Crystal had lost track of Cassie once the shooters entered the room, and there are conflicting versions of what my daughter was doing. One student remembers seeing her under a table with her hands clasped in prayer; another says she remained in her chair. Josh, a sophomore who spoke with me a few weeks after the incident, didn't see her at all, but he says he will never forget what he heard Cassie say as he crouched under a desk about twenty-five feet away: "One of those guys asked her if she believed in God. She paused, and then she said yes. She must have been scared, but her voice was strong. Then they asked her why, but they didn't give her a chance to respond. They just blew her away."

I was consumed with grief. If there's anything more wrenching than seeing your own child lowered into a grave, it's going back afterward to stand there alone and cry. One moment I wished I could die on the spot, just so I could be with my baby, the next I tried to convince myself, You are with her. She sees you're here, she knows that you still love her and care about her.

For me, the details of April 20 refuse to fade. Doctors say the heart forgets pain, but I'm not sure the heart forgets. I am tortured by the thought of Cassie's final moments, of the pain she must have felt. Illogical as it seems, I struggle with a sense of guilt that I was not there at her side. As a mother, I should have been.

Other memories haunt me as well. Looking back on the last evening of Cassie's life, I still see her sitting in the kitchen, doing her homework. She hadn't done her chores yet, and I'm sure I nagged her. That's painful to admit. So is my belated recognition that our relationship, though generally good, was not ideal.

Perhaps the cruelest agony of losing Cassie the way we did is the fact that she never would have been at Columbine that day if we hadn't tried to rescue her by transferring her from another high school two and a half years earlier. At that time, our relationship with our daughter was frayed almost beyond repair.

A TROUBLED TEEN

In December 1996, I quit my job. I wanted to spend more time with my kids. Chris's grades were slipping, and Cassie seemed to be growing more and more distant.

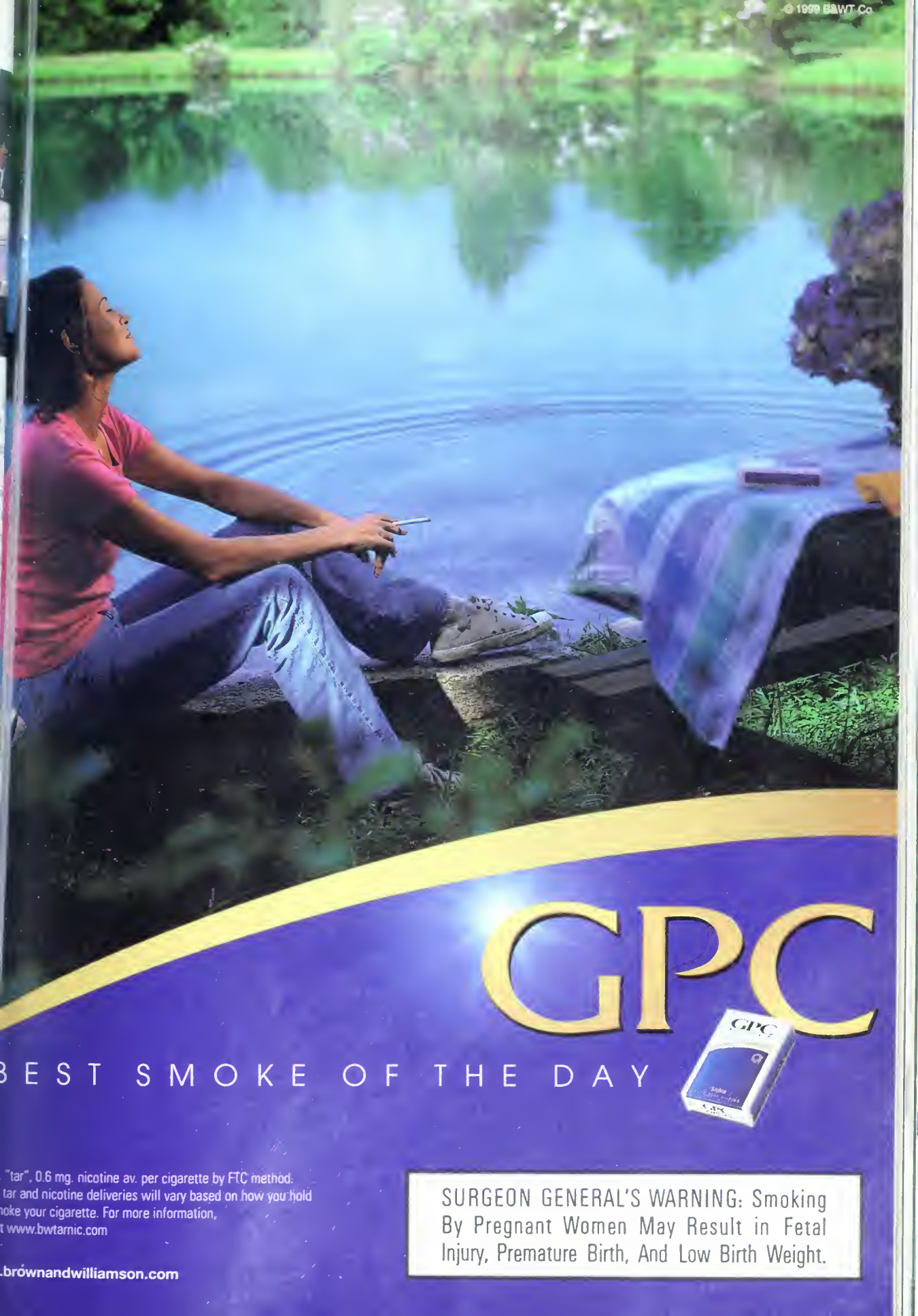
One day, shortly after I resigned, I was feeling blue about my inability to connect with Cassie, when I remembered that my brother and his wife had given her a Bible for teens. In it was a guide that provided young readers with insights into dealing with their parents. Hoping to gain some tips myself, I went into Cassie's room and began looking through her drawers for it.

I came across a stack of letters that froze me in my tracks. One addressed to Cassie from her best friend, Mona*, opened with several lines of unprintable sex talk and then went on to discuss a teacher at the high school. "Want to help me murder her?" Mona asked Cassie in the letter. "She called my parents and told them about my F." The letter ended with drawings of knives and vampire teeth, and a caricature of the teacher lying in a pool of blood with butcher knives protruding from her chest.

Several of the letters advised Cassie to do away with me and Brad to solve her problems. One ended with: "Kill your parents! Murder is the answer to all of your problems. Make those scumbags pay for your suffering."

Another was illustrated with a crudely drawn knife dripping with "parents' guts," headstones for "Pa and Ma Bernall" and "R.I.P." *(continued on page 192)*

* *Name has been changed.*


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to your doctor.

urse, only your doctor can diagnose your bladder control prob- But if he or she decides that once-a-day Ditropan XL is right ou, just one daily dose may effectively treat your symptoms for 24 hours.

nical studies, the most common side effect was dry mouth (61%). ever, only 1% of patients discontinued therapy for this reason. er common side effects were constipation (13%), drowsiness %), diarrhea (9%), blurred vision (8%), dry eyes (6%), dizziness , and runny nose (6%). Only 7% of patients in clinical studies ntinued therapy due to side effects.

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How does DITROPAN® XL work?

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Who should NOT take DITROPAN® XL?

What are the possible side effects of DITROPAN® XL?

How should I take DITROPAN® XL?

- The tablets should be swallowed whole with the help of water or other liquids. DO NOT CHEW, CRU... THE TABLETS.
- You may take DITROPAN® XL with or without meals.
- You and your doctor together can decide the best time of day for you to take your medicine.
- If you forget to take DITROPAN® XL, take it as soon as you remember. However, if it is close to the ti... dose (less than 8 hours), wait and then take the next tablet as usual. Do not take more or less than you... at any one time.

What is the right dose of DITROPAN® XL?
The usual starting dose is one 5-mg tablet taken once a day. However, you and your health care profes... the appropriate dose for you. DITROPAN® XL is available in two strengths, 5 mg and 10 mg tablets.

What medical problems should I discuss with my doctor before I begin taking DITROPA...
Talk to your doctor if:

- You have kidney or liver disease.
- You have a condition that puts you at risk of developing urinary retention.
- You have stomach or digestive problems.
- You currently take medication for a stomach or digestive disorder.
- You are pregnant or planning on becoming pregnant while you are taking DITROPAN® XL.
- You are breast-feeding.

Can I take DITROPAN® XL with other medications?
Tell your doctor or pharmacist about any medicines that you are taking, including prescription, nonp... herbal remedies. Do not start taking a new medicine before checking with your doctor or pharmacist. ... work the same way as DITROPAN® XL may increase the occurrence of some side effects, such as dry mo... sleepiness, and blurred vision. DITROPAN® XL may affect the absorption of some medication.

Other Important Safety Information

Cancer and impairment of fertility
DITROPAN® XL, like most prescription drugs, was tested in animals before it was marketed for human... tests used doses much higher than recommended for humans. No evidence of cancer was demonst... these tests.

Use during pregnancy or in nursing mothers
There are no adequate and well-controlled studies in pregnant women. Therefore, DITROPAN® XL should ... pregnancy only if clearly needed. Additionally, because it is not known whether DITROPAN® XL is ex... milk, DITROPAN® XL should be used in nursing mothers only if clearly needed.

Overdosage
Overdosage with oxybutynin (the active drug in DITROPAN® XL) has caused excitation, flushing or feve... dehydration, heartbeat irregularities, vomiting, and urine retention.

How should I store DITROPAN® XL tablets?
As with any medications, DITROPAN® XL should be stored out of the reach of children. Store DITROPAN... inal container at room temperature (59°F to 86°F). Do not store this medicine in damp places.

For more information on DITROPAN® XL talk to your doctor or pharmacist, call 1-888-... (1-888-395-1232), or visit www.DitropanXL.com.

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SHE DIED FOR HER BELIEFS

Continued from page 188

On a piece of notebook paper decorated with drawings of marijuana leaves, vampires and moons and stars, Mona had written ". . . we need to murder your parents . . . kill me with your parents, then kill yourself so you don't go to jail."

I was stunned. I called Brad at work and told him to come home.

Most of the letters were written by Mona, but as we later found out from Cassie, she had written similar notes. In any case, the letters had made it clear that even if she did not bear the main responsibility for committing the murderous fantasies to paper, our daughter was a willing accomplice.

It was clear to us that this was not a problem we could deal with alone. We contacted Mona's mother, our pastor at West Boxford Community Church and the sheriff's department.

We were dealing with the possibility of murder, I felt, and I was afraid for my life. Brad never took the death threats as seriously as I did. But to me, when a person is gripped by an evil idea, that evil has a power of its own. If there were even a smidgen of reality to Cassie's gory plans to do us in, I was going to make sure the sheriff knew about it.

Even more important, we were afraid for Cassie. She was heading for the edge of a cliff, and we had to pull her back immediately.

When our daughter breezed in from school that day we told her we'd found the letters. At first she tried to downplay it, but once she realized that we weren't about to let her off the hook, she flew into a screaming rage. We were overreacting, she shrieked at us. She had never been serious about killing us or anyone else. We had trampled on her rights by going through her bedroom without her permission and taking things that didn't belong to us. And since it was obvious that we had no love for her at all, she would run away and kill herself.

How we managed to get through the next weeks I'll never know. Ea... day, Cassie would erupt in fits of ag... and despair. I began to dread ge... up in the morning.

On December 31, we met w... Mona, her parents, an investigator ... a detective from the juvenile cri... division. We were shocked to disc... that Mona's parents were openly ... tile toward us. Thankfully, the de... tive and the investigator took ... situation as seriously as we did, ... they supported our desire for a re... straining order to bar Mona from f... ther contact with Cassie. The shef... told Mona's parents that the let... were the worst he had seen in mo... than a decade in juvenile crime.

Needless to say, our meeting at ... sheriff's office made us more det... mined to protect Cassie. We kn... however, there was always a chan... that in clamping down on her, w... would only drive her further awa... Yet part of me was so angry at Cas... that I almost didn't care. Here w... this child I loved with all my be...

ne she hated me! How could
ny me like this?
and I decided that we would
Cassie back to her high school;
w on she would go to a private
n school. We also conducted
searches of her room and back-
d forbade her to use the phone
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without
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for five
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ter, if any-
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Cassie's own
gnition of
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mie, a friend
met at pri-
school,
sie said that
violent fan-
s were more than talk. She had
gripped by a very real power of
ness, and it had taken her months
reak free. Part of it was that she
apparently given her soul to Sa-
"I don't know whether it was
or just symbolic," Jamie told me.
t in Cassie's mind, she had really
put herself in such bondage.

Gradually, Brad and I began to realize where we'd failed Cassie as parents. Whenever she was rebellious, we had tried harder to win her friendship. The more she acted out, the more we bent over backward for her.

I began to see my role as a parent in a new way—as a mentor and confidant, rather than a buddy. I stopped trying to please Cassie and make her like me, and I started trying to guide her more consistently. And surprisingly, instead of rebelling, she accepted the boundaries I set for her and even seemed grateful for them.

AN ACT OF FAITH

In the spring of 1997, about three months after Cassie enrolled in Christian school, she told us that her new friend Jamie had invited her to a youth retreat. We were nervous about letting her go off on her own for an entire weekend, but in the end we agreed.

What happened to Cassie on that trip was the beginning of the change in her. According to Jamie, "We were up . . . in the Rockies, about three hundred kids. There was a nighttime praise-and-worship service. The theme of the weekend was overcoming the temptations of evil and breaking out of the selfish life. It was the singing that for some reason broke down Cassie's walls. It really seemed to change her.

"Cassie was crying," Jamie recalls. "She was pouring out her heart and asking God for forgiveness. She was pouring out all these things she felt bad about and wanting to give them up."

When Brad and I picked Cassie up after the trip, she hugged me. Then she looked me in the eye and said, "Mom, I've changed. I know you are not going to believe it, but I'll prove it to you."

I was highly skeptical. We were dealing with a child who had been filled with hate. Could she really change so quickly? *(continued)*



But from then on, Cassie truly did become a different person. She smiled again and she began to treat us with genuine respect and affection. She seemed to have found a freedom she'd never had before. In fact, she made so much progress that Brad and I allowed Cassie to transfer from the Christian school to Columbine at the end of the summer of 1997. Now we can only wonder, What if we hadn't?

A MOTHER'S PAIN

People say that nothing happens without a purpose—that perhaps Cassie was fulfilling a divine plan. At a certain level, I take comfort in such thoughts. They remind me that a life cut short need not be a wasted life. On another level, though, I get weary of hearing about the lessons to be learned. I want to blurt out, "But why did it have to be *my* daughter?" No matter how deep the significance of Cassie's death, I still feel the intense pain of her loss.

It would be dishonest not to admit that I struggle with anger. Brad keeps saying that if there's one thing that makes all of this bearable, it's the fact that Cassie's in heaven. It's a comforting thought, but it doesn't lessen the pain of missing her.

There's also the question of revenge. It's normal, I think, to want to bite back—whether through filing a lawsuit or by other means. But in the case of Cassie's murderers, we could never go after their families. No amount of money is going to bring back our child. Besides, the parents of Eric Harris and Dylan Klebold lost children, too. It would be cruel to act as if their grief were any less than our own.

Some say the Harrises and the Klebolds were negligent; others say they were merely distant or naive. Whether they're guilty or not, Brad and I can't just write them off. Especially not after receiving this card, which appeared in our mailbox about a month after Cassie's death:

Dear Bernall family:

It is with great difficulty and humility that we write to express our profound sorrow over the loss of your beautiful daughter, Cassie. She brought joy and love to the world, and she was taken in a moment of madness. We wish we had had the opportunity to know her and be uplifted by her loving spirit.

We will never understand why this tragedy happened, or what we might have done to prevent it. We apologize for the role our son had in your Cassie's death. We never saw anger or hatred in Dylan until the last moments of his life when we watched in helpless horror with the rest of the world. The reality that our son shared in the responsibility for this tragedy is still incredibly difficult to comprehend.

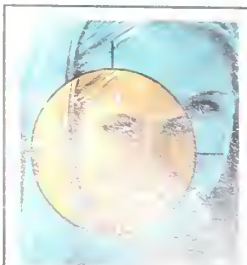
May God comfort you and your loved ones. May He bring peace and understanding to all of our wounded hearts.

Sincerely,

Sue and Tom Klebold

It must have taken the Klebolds great courage to write this letter. We can only share in their anguish. We at least have one comfort: the knowledge that our daughter died nobly. What balm do they have?

Within a day of the shooting, the story of Cassie's exchange with her killers made headlines across the nation. People began calling her the "martyr of Littleton." But even if Cassie's death *(continued on page 254)*



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DESCRIPTION Rimadyl (carprofen) is a non-steroidal anti-inflammatory ... of the propionic acid class that includes ibuprofen, naproxen, and keto...

INDICATIONS Rimadyl is indicated for the relief of pain and inflammation ... with osteoarthritis in dogs

CONTRAINDICATIONS Rimadyl should not be used in dogs exhibiting ... hypersensitivity to carprofen

PRECAUTIONS As a class, cyclo-oxygenase inhibitory NSAIDs may be ... associated with gastrointestinal and renal toxicity. Effects may result ... decreased prostaglandin production and inhibition of the enzyme cyclo-oxygenase which is responsible for the formation of prostaglandins ... arachidonic acid. When NSAIDs inhibit prostaglandins that cause pain ... tion they may also inhibit those prostaglandins which maintain normal ... static function. These anti-prostaglandin effects may result in clinically ... cant disease in patients with underlying or pre-existing disease that ... than in healthy patients. NSAID therapy could unmask occult disease ... has previously been undiagnosed due to the absence of apparent clinical ... Patients with underlying renal disease for example, may experience ... tion or decompensation of their renal disease while on NSAID therapy.

Carprofen is an NSAID, and as with others in that class, adverse reactions ... may occur with its use. The most frequently reported effects have been ... trointestinal signs. Events involving suspected renal, hematologic, ... dermatologic, and hepatic effects have also been reported. Patients at ... risk for renal toxicity are those that are dehydrated, on concomitant diuretic ... py, or those with renal, cardiovascular, and/or hepatic dysfunction. Since ... NSAIDs possess the potential to induce gastrointestinal ulceration, concomitant ... use of Rimadyl with other anti-inflammatory drugs, such as corticosteroids ... NSAIDs, should be avoided or very closely monitored. Sensitivity to drug ... adverse reactions varies with the individual patient. For example, Rimadyl ... treatment was not associated with renal toxicity or gastrointestinal ulceration ... well-controlled safety studies of up to ten times the dose in dogs.

Rimadyl is not recommended for use in dogs with bleeding disorders ... (e.g. Von Willebrand's disease), as safety has not been established in dogs ... those disorders. The safe use of Rimadyl in pregnant dogs, dogs used ... breeding purposes, or in lactating bitches has not been established. ... determine the activity of Rimadyl when administered concomitantly ... protein-bound drugs have not been conducted. Drug compatibility should be ... monitored closely in patients requiring additional therapy.

Due to the palatable nature of Rimadyl chewable tablets, store out of ... dogs in a secured location. Severe adverse reactions may occur if large ... tities of tablets are ingested. If you suspect your dog has consumed ... chewable tablets above the labeled dose, please call your veterinarian ... immediate assistance and notify Pfizer Animal Health (1-800-366-52...

INFORMATION FOR DOG OWNERS

Rimadyl, like other drugs of its class, is not free from adverse reactions. ... should be advised of the potential for adverse reactions and be informed ... the clinical signs associated with drug intolerance. Adverse reactions ... include decreased appetite, vomiting, diarrhea, dark or tarry stools, ... water consumption, increased urination, pale gums due to anemia, ... of gums, skin or white of the eye due to jaundice, lethargy, incoordination, ... seizure, or behavioral changes. **Serious adverse reactions associated ... this drug class can occur without warning and in rare situations result ... death (see Adverse Reactions). Owners should be advised to discontinue ... Rimadyl therapy and contact their veterinarian immediately if signs of ... erance are observed.** The vast majority of patients with drug related ... reactions have recovered when the signs are recognized, the drug is ... and veterinary care, if appropriate, is initiated. Owners should be advised ... importance of periodic follow-up for all dogs during administration of a ...

WARNINGS Keep out of reach of children. Not for human use. Consult ... physician in cases of accidental ingestion by humans. **For use in dogs ...** Do not use in cats.

All dogs should undergo a thorough history and physical examination ... initiation of NSAID therapy. Appropriate laboratory tests to establish ... ical and serum biochemical baseline data prior to, and periodically during ... administration of any NSAID should be considered. **Owners should be ... observe for signs of potential drug toxicity (see Information for Dog Owners ... Adverse Reactions).**

ADVERSE REACTIONS During investigational studies for the caplet formulation, ... clinically significant adverse reactions were reported. Some ... signs were observed during field studies (n=297) which were similar ... carprofen caplet- and placebo-treated dogs. Incidences of the following ... observed in both groups: vomiting (4%), diarrhea (4%), changes in appetite ... (3%), lethargy (1.4%), behavioral changes (1%), and constipation (0.3%). ... product vehicle served as control.

During investigational studies for the chewable tablet formulation, gastrointestinal ... signs were observed in some dogs. These signs included vomiting and soft ...

Post-Approval Experience Although not all adverse reactions are reported ... following adverse reactions are based on voluntary post-approval adverse ... drug experience reporting. The categories of adverse reactions are listed ... decreasing order of frequency by body system.

Gastrointestinal: *Vomiting, diarrhea, inappetence, melena, hematemesis, ... gastrointestinal ulceration, gastrointestinal bleeding, pancreatitis.*

Hepatic: *Inappetence, vomiting, jaundice, acute hepatic toxicity, hepatic ... enzyme elevation, abnormal liver function test(s), hyperbilirubinemia, hy... bilirubinuria, hypoalbuminemia. Approximately one-fourth of hepatic reac... were in Labrador Retrievers.*

Neurologic: *Ataxia, paresis, paralysis, seizures, vestibular signs, disorie...*

Urinary: *Hematuria, polyuria, polydipsia, urinary incontinence, urinary t... infection, azotemia, acute renal failure, tubular abnormalities including ... tubular necrosis, renal tubular acidosis, glucosuria.*

Behavioral: *Sedation, lethargy, hyperactivity, restlessness, aggressiven...*

Hematologic: *Immune mediated hemolytic anemia, immune-mediated th... cytopenia, blood loss anemia, epistaxis.*

Dermatologic: *Pruritus, increased shedding, alopecia, pyotraumatic mo... dermatitis (hot spots), necrotizing panniculitis/vasculitis, ventral ecchym...*

Immunologic or hypersensitivity: *Facial swelling, hives, erythema.*

In rare situations, death has been associated with some of the adverse reac... tions listed above.

For a copy of the Manufacturers Safety Data Sheet (MSDS) or to report a ... pected adverse reaction call Pfizer Animal Health at 1-800-366-5288.

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1. Proprietary market research, 1999. Data on file, Pfizer Animal Health.



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DIANE
DAY & NIGHT



The star of morning and prime-time TV is married to a hot director and is pals with Oprah Winfrey. But Diane Sawyer is not always what she seems

By Melina Gerosa

At five thirty A.M., Sawyer dashes by *Good Morning America*'s green room. Her hair is wound into rows of hot rollers, her azure gaze is blocked by Coke-bottle glasses, and her wrinkled white blouse, black pants and flats make her look more like a waitress rushing to make an early morning shift than an anchor about to hit the air. "The scariest part about taking this job was how many people would know what I really look like when I get up in the morning," Sawyer says with a laugh, before bolting up the stairs to read last-minute script changes.

Within an hour, Sawyer looks cocktail-party perfect. Tall Richard Tyler heels have replaced the flats, and a black and white Mizrahi blazer cancels the short-order look. "Music!" she bellows from the anchor chair. Suddenly Sawyer is bopping to Motown, a get pumped ritual that leads right into the live broadcast.

Two hours later, as the *GMA* closing music swells, ABC head Bob Iger strolls in to schmooze with Sawyer and her co-host Charlie Gibson, the saviors who have upped *GMA*'s ratings by 23 percent. Iger chats for a few minutes and then mentions that Wednesday night's *20/20* rated number one in its time slot.

"YESSS!" yells Sawyer, throwing her fist into the air.

"Char-he!" she gloats. "Guess what *20/20* rated Wednesday?"

"That's because of your co-host," Gibson shoots back. Sawyer's face scrunches in confusion. "Remember, I filled in for Sam [Donaldson]?"

"What was I thinking?" Sawyer says, cringing. "I am soooo stupid!"

Or more likely, exhausted. Ever since the fifty-three-year-old host joined *GMA* in January—in addition to her biweekly duties as co-anchor of *20/20*—she has been blowtorching the candle at both ends. Sawyer arrives at ABC each morning by four-fifteen, and will tinker with stories until nine at night. "I'm *not* a morning person," she says, taking a break in a quiet corner of the *GMA* set. "Sometimes I lie in bed and think, How am I going to raise this carcass?"

Considering Sawyer isn't getting a dime extra for the double duty, why did she sign on? "Morning television is not considered a career move—I did it fifteen years ago," she says. "But Charlie and I agreed, what are the successful times for if not to be able to take risks?" Especially when the reward is the humongous ego boost of saving the morning program, the network's most profitable news show.

In May, the team re-upped for at least another year, although Gibson thinks Sawyer may linger longer. "She *really* likes it," *(continued)*

(continued) he says. What surprised him most about working with Sawyer? "She lives an extremely protected life, but her empathy for people is genuine," he says. "And she genuinely enjoys children. She covers virtually every multiple birth in America."

GMA provides Sawyer with a platform to show her softer side. "People think she's aloof, but Diane is funny as hell," says friend Oprah Winfrey. "There was this HBO documentary called *Pimps Up, Ho's Down*, and she does an imitation of a 'ho with a cold' that is hilarious. Just the word *ho* coming out of Diane Sawyer's mouth is a funny thing."

Although some suspected that Sawyer took the *GMA* job because she was unhappy about sharing the *20/20* spotlight with rival Barbara Walters, Sawyer insists that isn't true. "I promise you that it never, ever, ever was about Barbara or me being subsumed under *20/20*," says Sawyer, who adds that she enjoys combining powers. "She's a girl, that's what's fun," says Sawyer. "We're the only network anchors of a prime-time news show who can talk on the air about whether fishnet stockings keep people guessing about you and if chocolate is an aphrodisiac."

Walters agrees that combining forces has been a boon. "We had really been competing all these years, so now it's wonderful that we can talk on the elevator," she says. "Very rarely do we conflict. For example, Elizabeth Taylor promised Diane her next interview, but I wanted to interview her for my Academy Awards night special. So Diane said to Elizabeth, 'Let Barbara do it.'"

These days Sawyer's main competition is *Today*'s Katie Couric. "Katie has a really quick sense of humor, she's good at questioning and—she'll hate me for this—but she's just *so cute*!" says Sawyer. *Today* is still besting *GMA* by 43 percent in the ratings, but, according to Walters, Sawyer may revitalize *GMA* from behind the scenes. "Katie and Diane are equally efficient at doing serious news interviews," says Walters. "But Diane works all day long, helping to book the show. People say that I am a hard worker, but she is indefatigable."

Striving to be the best started early for Sawyer, who was born in Glasgow, Kentucky, in 1945. She learned the art of perfectionism from her dad, a Republican county judge, and her mom, a schoolteacher. "Diane was always trying to keep up with the older kids, trying to do tricks on her bike," says her only sibling, Linda Frankel, who is two and a half years older. "I remember the intensity of the internal Diane, too. She would memorize poetry even as a young child."

Like her sister, Sawyer entered beauty pageants, and in 1963 was crowned America's Junior Miss. She spent her $11,000 scholarship prize at Wellesley. After stints as a law student, a weather girl, and an aide in the Nixon Administration, Sawyer joined CBS as a reporter in 1978. She eventually covered the State Department, co-anchored *CBS This Morning*, and became *60 Minutes*' first female correspondent.

> "I hate my blond hair," says Sawyer. "I've always wanted to look like Cher. I wanted her black hair and coltish body"

Ten years ago Sawyer was lured away by ABC News to co-anchor the news magazine *PrimeTime Live*. Although she has won Emmys for investigative work on Pan Am Flight 103 and reportage on the Eric and Lyle Menendez trial, not all of her stories have been so well received. Sawyer's exposé on the food-handling practices at Food Lion groceries resulted in a $5.5 million award that was eventually reduced to $315,000 against ABC and its parent company in 1997. "The truth of the story was not the issue," she says. "The jury decided that people misrepresenting themselves on job applications [to get the hidden cameras into the kitchen] was unlawful. But it was useful for us, and I think it will change some of the things that are done."

Sawyer was also criticized for bungling the Michael Jackson and Lisa Marie Presley interview in 1995. By not getting her facts straight first, Sawyer was caught unaware when Jackson falsely stated that he had been cleared on child molestation charges. "I was in this position that this was an extremely flammable subject, it was live, and there was a lot of ground to cover," says Sawyer in her own defense. "Looking back, I would have covered just one subject and it would have been the charges. You always wish things were done better or differently."

But the one interview that changed Sawyer's life was the one that got away. In 1987, Sawyer spotted Mike Nichols in a Paris airport, and although the director was on her short list of subjects to interview, she ran the other way. "My face was broken out, and my hair was a mess," recalls Sawyer, who ducked behind an art exhibition in the terminal. "I would run and hide, but he kept coming. We talked briefly and then got on the plane and in my best, repertorial cool voice, I suggested lunch. And he agreed."

At the time, Nichols was separated from his third wife and Sawyer was dating Richard Holbrooke, a former assistant Secretary of State. It wasn't long, however, before chemistry prevailed. "He was so intimately, mouth-droppingly fascinating that there was no time to think about flirting," she says. "I just tried to keep up with him."



HOW DIANE LOOKS FRESH AT SEVEN A.M.

1. "Diane drinks ice water, because we dehydrate during the night," explains Sawyer's makeup artist, Maria Verel.
2. "Diane likes a glow, so I apply a moisturizer that lifts the skin," says Verel, who uses Dr. Nicholas V. Perricone Face Finishing Moisturizer (available at Nordstrom).
3. "Curl the lashes. This automatically opens the eyes," says Verel.
4. "Apply a kiss of pink blusher," says Verel. "This makes you look like the blood is circulating."
5. Sleep deprivation. "When you lie down, water can accumulate in the face," she explains. "The less sleep Diane gets, the better she looks."

Then, suddenly, Nichols stopped calling. "I would call and he wouldn't call back, and I saw him once during that period and he looked strange and wouldn't talk to me," says Sawyer. "I thought he didn't like me." Actually, Nichols was having a psychotic reaction to the sleeping pill Halcion. Luckily, Quincy Jones, who had had the same experience with the drug, came to Nichols's rescue. "He heard through mutual friends that Mike was acting crazy, and so he called him up and said, 'I know what's the matter with you,'" recalls Sawyer. "Mike could have killed himself if he quit suddenly, so they weaned him off it, and within days the strange behavior was all gone."

When did her phone ring? "Right away," she says. "We were together from that phone call on." When did he propose? "I did," she corrects. "About three days later." Did the fact that this would be Nichols's fourth marriage give her pause? "Not for a minute," she says. "Because *you know*. It's like you feel this big resounding 'Yes!' inside you." The couple married on Martha's Vineyard in 1988. "And he never did the interview," says Sawyer. "He did it with Lesley Stahl, can you believe that?"

Being married to Sawyer is almost like being a polygamist, according to Nichols. "She's so many different people," he says. "The siren, the candy striper, the wilderness heroine, and there's Captain Baby." Captain Baby? "Captain Baby is 'I am a baby and you must do as I say,'" he explains. "It's those days when you need nursery pleasures, like chocolate syrup over ice cream and bringing it back to bed. We take turns being Captain Baby."

If there is one thing that Sawyer is not, according to Nichols, it's a narcissist. "The biggest shock for me is how she gets up in the morning. She gets into the shower. Then she dries off and puts on her clothes and she leaves," he explains. "I haven't left anything out. She doesn't look at herself or comb her hair out. It's unusual."

Perhaps Sawyer doesn't focus on her looks because she's not impressed by them. "I hate my blond hair," she says. "I've always wanted to look like Cher. I wanted the straight black hair and one of those coltish bodies."

Sawyer was forty-two when she married Nichols, and although they talked about having children, they ultimately decided against it. "It seemed like we already had a lot of children in our lives," says Nichols, the father of three kids, who were eleven, fourteen, and twenty-four when he and Sawyer got married. "Diane is amazing with kids," says Nichols. "She's someone they can say anything to, and she's there for their least popular problems."

According to Sawyer's girlfriends, *(continued on page 252)*


HAIRacross



n search of that one
expert who knows
exactly what to do
with your hair? Found!
Our coast-to-coast
guide will introduce
you to 100 top
stylists, and reveal
the cut and color
secrets that make
them so sought-after
to help you get the

AMERICA

hair look you want.
Plus, indulge in 100
great discounts and
freebies at salons
nationwide, exclusively
for LHJ readers

Produced by Heidi Schiller



NUMBER-ONE TIP: Don't fight the natural texture of your hair. A good stylist will suggest a hundred ways to work beautifully with what you've got

100 top hair pros

Hair in despair? Check out these masters of cut and color. Bring this listing to the salon to take advantage of the fabulous discounts and freebies

SHORT HAIR

These ten stylists are experts at creating feminine thoroughly modern cropped cuts, and make it easy for you to shear it all off

EAST Harold Mona[illegible]der and Wilder Hair St[illegible] Rochester, NY (716-244-0745); cuts, $27-$32. Discount: $5 off any hair service for new clients.

Megan Mayo at Stephen and Burns Salon & Spa, Burlington, VT (802-865-4766); cuts, $22. Freebie: 15-minute makeup lesson with Christopher (with a haircut).

MIDWEST Kelle Nhotiphay at Salon St. Louis, St. Louis, MO (314-771-8820); cuts, $41. Discount: 20% off a first-time Aveda haircolor.

Shawna Parvin at The Eric Fisher Salon, Wichita, KS (316-681-0077); cuts, $30. Freebie: 5-minute deep-conditioning treatment (with any hair service).

Mat Slater at Graeber & Company, Boise, ID (208-343-4915); cuts, $35 and up. Discount: $5 off any hair service with Mat.

WEST Gordon Boswell at Paul Garcia's Salon, Denver, CO (303-333-5577); cuts, $40. Discount: 20[illegible] off first-time haircut.

Erin Klumb at Cutters Hair & Day Spa, Phoenix, AZ (602-263-1138), cuts, $40. Freebie: Travel pack of hair products from their line

Anj[illegible] Fales at The Class Act, Torrington, WY (307-532-3620); cuts, $15. Freebie: Travel pack of Matrix shampoo, conditioner, hairspray (with any hair service).

SOUTH Rogina Fortin at Vidal Sassoon, Miami, FL (305-672-3600), cuts, $53. Discount: 30% off first-time cut or color with any stylist.

Kacee O'Conner at details Salon, Memphis, TN (901-683-3944); cuts, $23 and up. Freebie: Hair consultation and stress-relieving scalp treatment (with any hair service).

CURLY CUTS

Ten masters of the cutting technique that keeps texture thick and curls in check.

EAST Brenda McNally at Scrunch!, Wakefield, RI (401-782-1730); cuts, $25. Discount: 50% off a manicure (with a haircut).

Theodora Codrington at La Jolie, Princeton, NJ (609-924-1188); cuts, $57 and up. Freebie: 2-oz. travel sizes of shampoo, conditioner and styling aid (with any service).

Gina Henning at Marc Elliot Salon and Day Spa, New Hope, PA (215-862-2990); cuts, $38 and up. Freebie: 20-minute stress-relieving Aveda essential-oil scalp and hair treatment (with any service).

Maggie Kassimis at Sanktuary Cafe, Music, Hair, Rockville, MD (301-984-6161); cuts, $50 and up. Freebie: 20-minute deep conditioning treatment (with a haircut with Maggie).

MIDWEST Cynthia Masood at Christina & Co., Inc., Lafayette, IN (765-449-4448); cuts, $20. Freebie: Clarifying treatment (with a haircut).

Todd Bauer at Jerry Heston Hairdressing, Louisville, KY (502-897-5553); cuts, $30 and up. Freebie: Aveda styling product of your choice (with a haircut).

WEST Daisy Johnson at The Warehouse Salon, Salt Lake City, UT (801-484-2004); cuts, $25 and up. Freebie: Hydrating treatment ($15 value) for a first-time haircut at the salon.

David Gatt at Mark Pardo Salon & Day Spa, Albuquerque, NM (505-298-2983); cuts, $36 and up. Freebie: 20-minute Aveda essential-oil stress-relieving treatment (with any service).

SOUTH Elizabeth Nguyen at Lockworks Salon, Baton Rouge, LA (225-291-5316); cuts, $29. Freebie: 4-oz. Brocato America shampoo or conditioner (with a haircut with Elizabeth).

(continued)

CURL POWER Before you get your curly locks lopped . . .

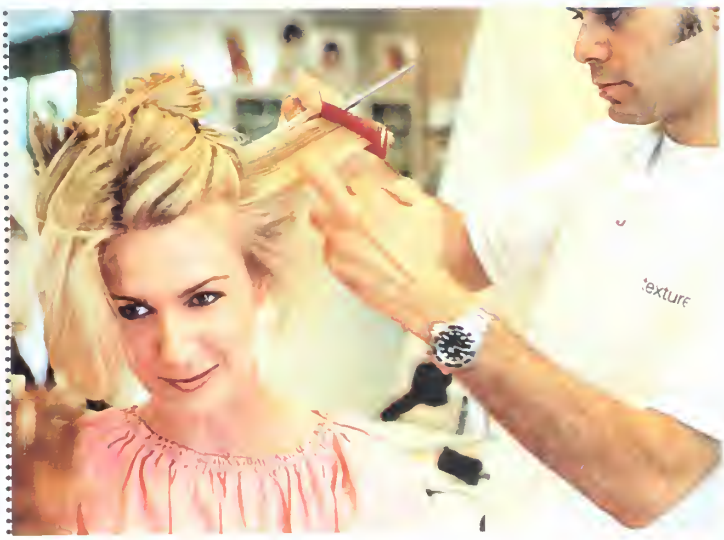
Think about shrinkage: Subtract a half inch from the measurement you think you want your stylist to cut.

Layers should be cut in randomly, not in large chunks, to avoid a bowl-cut look.

Be wary of a scissors-happy stylist: Thinning shears should be used only to reduce bulk, not to cut length all over.

The long & short of it

- Trimming long hair may seem like you're defeating the purpose of growing it out, but remember, those ends have been around for quite some time, so chop off ½ inch to an inch every six weeks or so to keep hair looking healthy. The trend in long hair now is perimeter layering—layers sparingly cut in around the face and on the ends for softness.
- When it comes to talking to your stylist about going short, though, there's more to the conversation. Consider this: Do you want your ears to show or stay covered? What about bangs? Do you want the overall shape to be soft and round, or highly textured and piecey (best cut with a razor rather than scissors)? And even if you go for a no-daily-maintenance short do, you're not completely off the hook—frequent trims are a must.



PERFECTLY BLUNT

There are many variations of this basic straight cut. Here's how to salon-speak your way to the bob you want.

If you ask for:	*You'll get:*
Beveling ---→	*An angled edge that helps hair roll under.*
Undercutting ---→	*Short pieces under longer ones to create fullness.*
Point-cutting ---→	*Wisps cut at the bottom and around the face to add softness.*

100 top hair pros

(continued) Kristi Trann at Brian of London Hair Salon, Woodlands, TX (713-363-3981); cuts, $42 and up. Freebie: ARTec shine and frizz repair (with a haircut with Kristi).

BLUNT CUTS

Bobs demand absolute precision: These stylists never leave a single strand dangling longer than the others.

EAST Lynne Brown at Christiano Salon, Hopewell, NJ (609-466-4914); cuts, $45 and up. Discount: 10% off first visit.

Jennifer Brazeal at Rob Harrelson HairGroup, Birmingham, AL (205-870-8677); cuts, $35 and up. Freebie: Blow-dry (with a haircut).

MIDWEST Stasi Pittam at Pascal Pour Elle, Chicago, IL (312-670-7007); cuts, $60 and up. Freebie: Pascal Pour Elle hair product ($10 value) with any service.

Nikki Butz at Shear Success Bloomington, MN (612-921-2288); cuts, $31. Freebie: Haircut (with any color or texturizing treatment).

Barbara Crabtree at Castilian & Company Hair Salon, Englewood, OH (937-836-9671); cuts, $30. Freebie: Travel-size shampoo (with a haircut).

WEST Eric Leyvas at Pucci Salon and Day Spa, Scottsdale, AZ (602-443-3030); cuts, $45 and up. Freebie: 10-oz. Sebastian Moisture Shampoo (with a haircut with Eric).

Michael Romo at Walter Claudio Salon Spa, Santa Barbara, CA (805-563-7626); cuts, $45 and up. Freebie: 12-minute scalp massage with Aveda Rosemary/Mint (with any hair service).

Elizabeth Tomlinson at Cactus Organic Lifestyle Salon, Santa Fe, NM (505-820-6000); cuts, $50 and up. Freebie: Travel-size shampoo (with any service).

SOUTH Lynda Zerbst, owner of Allure Salon, Charleston, SC (843-722-8689); cuts, $40 and up. Discount: $5 off any service.

Kecia Taylor Williams at John Jay Salon, New Orleans, LA (504-282-7234); cuts, $30 and up. Freebie: Scalp deep conditioner (with a haircut with Kecia).

LONG HAIR

They are the pros who know how to keep length and shape up hair at the same time.

EAST Diego Paez at Art & Chemistry, Kensington, MD (301-468-6900); cuts, $50 and up. Freebie: Kenra shampoo or conditioner (under $10).

Kurt Taylor at Adam Broderick Salon and Spa, Ridgefield, CT (203-[illegible]); cuts, $51 and up. [illegible]-conditioning [illegible] (with any hair service)

[illegible]rsdahl at The [illegible], W[illegible]; [illegible] and up. Freebie: [illegible] product[illegible]

Kyong Pilk[illegible] Penzone Dublin [illegible] Dublin, OH (614-[illegible]); cuts, $29.50. Discount: $5 off a cut and style (with Kyong).

Danielle Bergerud at Tom Schmidt's Urban Retreat, Minneapolis, MN (612-827-5595); cuts, $25. Freebie: Blow-dry after haircolor.

WEST Marcelle Koy at Koala Hair Company and Day Spa, Anchorage, AK (907-274-9231); cuts, $38 and up. Freebie: Makeup session (with a haircut with Marcelle).

Sharon Hickox at Hickox Salon and Spa, Portland, OR (503-241-7111); cuts, $60. Freebie: Makeup application (with any hair service).

SOUTH Emma Carter at Douglas Carroll Salon and Day Spa, Raleigh, NC (919-834-2772); cuts, $35 and up. Freebie: Makeup application (with a haircut with Emma).

Linda Doré at Doré Doré Salon, New Iberia, LA (318-229-6245); cuts, $26. Freebie: Travel-size product from the RUSK line (with any hair service).

Tonya Wnek at Kenese & Associates Salon, Springfield, VA (703-922-5703); cuts, $38. Discount: 25% off any hair service for a first-time client.

COLOR, BLOND

When born-with-it blond is the color you're after, check out these pro colorists.

EAST Emily O'Brien at Zona Salons, Norwell, MA (781-871-4545); color, $41; highlights, $52 and up. Freebie: 8-oz. Go! and 4-oz. Big Medicine (with highlights or haircut).

Vicki Snelsire at Marshall's Hair Design, Pittsburgh, PA (412-421-4400); color, $35 and up; highlights, $55 and up. Freebie: Blow-dry (after color with Vicki).

Ingrid Salano at DePasquale, The Spa, Morris Plains, NJ (973-538-3811); color, $55 and up; highlights, $60 and up. Freebie: 8-oz. ECRU New York Sea Clean Shampoo.

(continued on page 252)

COLOR ME . . .

BEAUTIFULLY BLOND We know *being* blond is fun; these pro tips make *staying* blond easier:

- First, consider your skin tone. Olive-skinned? Stick with warm, golden shades. Ruddy complexion? Then opt for a mix of a golden blond with a pale blond.
- When you want to add highlights to your hair, partial highlights (just the top and front) impart a natural, sun-kissed look; full head highlights (includes underneath for when you pull your hair back) give an even, uniform appearance.
- If your stylist uses foils to highlight, it's inevitable that as your ends grow, they will become a different shade from the new highlights. A simple way to keep each strand well blended: Ask your stylist to apply lowlights every other visit. Or ask about balayage, a freehand painting technique that won't give you the root regrowth line that results from highlighting with foils.

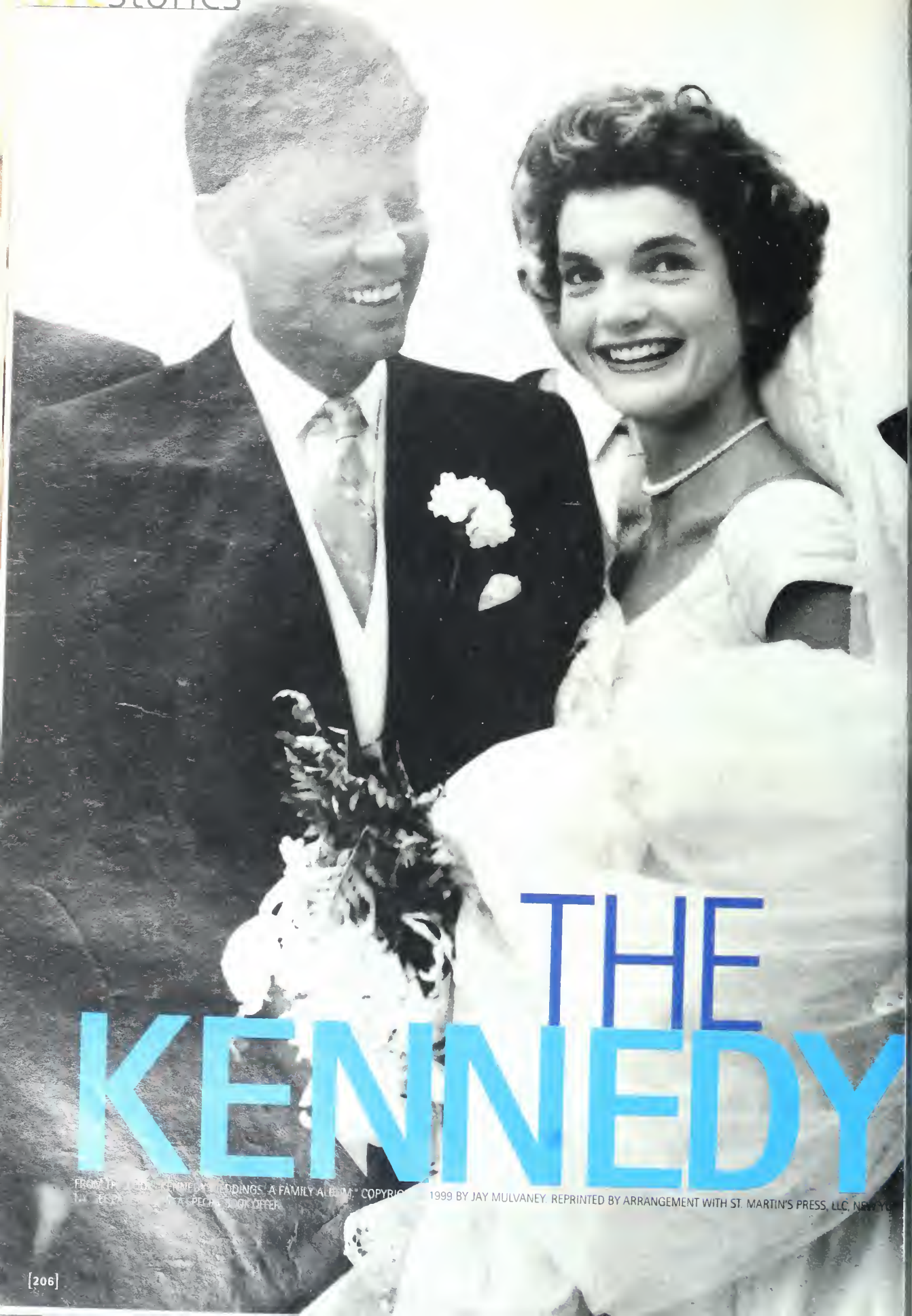


SIMPLY RED No haircolor fades faster than red, so along with the fabulous, fun shade comes a fair amount of upkeep. The R_x for red locks? Choose a hue with a hint of brown (which penetrates hair better), and use a color-extending shampoo between visits.

BOLDLY BROWN If you're a natural brunet who wants to go darker, choose an allover rich brown shade; to go lighter, caramel or honey-colored highlights do the trick best. If you're covering first grays with a dark haircolor, have your stylist add a bit of highlighting at the roots to mask regrowth.



Whether you want to go blond, red or brunet, your colorist should assess your skin tone, eye color and natural hair color to mix up the best shade for you



THE KENNEDY

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Jack & Jackie, 1953

Was there ever a more glamorous couple? Or a more glorious wedding? Nearly fifty years after that September afternoon in Newport, Rhode Island, the images still captivate us. Above: Jackie arrives at St. Mary's Church with her mother and stepfather, Janet and Hugh D. Auchincloss. Missing is her father, and it was a source of distress for the young bride. Above right: This stunning portrait has never before been published. Left: There was a great fondness between Joseph, the Kennedy patriarch, and Jackie. They would tease each other with affection, and she could rely on his unwavering support. Below, left: a sketch of Jackie's engagement ring, a 2.84-carat emerald matched with a 2.88-carat diamond. During the White House years, Jackie had the ring redesigned (below, right). A private tête-à-tête, right. Jackie is wearing two magnificent wedding gifts—a diamond bracelet from her husband and a diamond pin from her father-in-law.



WEDDINGS
A FAMILY ALBUM

By Jay Mulvaney

Caroline & Edwin, 1986

There would be another "royal wedding" across the ocean later the same week, but on July 19, the eyes of the world were focused on a simple country church on Cape Cod. Left: "It's been the three of us alone for so long, and now there's a fourth," John Jr. said of his sister's fiancé at the rehearsal dinner the night before the wedding. Below: "Shush" is the word: In an effort to encourage the hundreds of onlookers to a modicum of decorous behavior, both Caroline and her godfather, uncle Ted Kennedy, revert to the universal gesture of piqued kindergarten teachers. P.S. It worked!

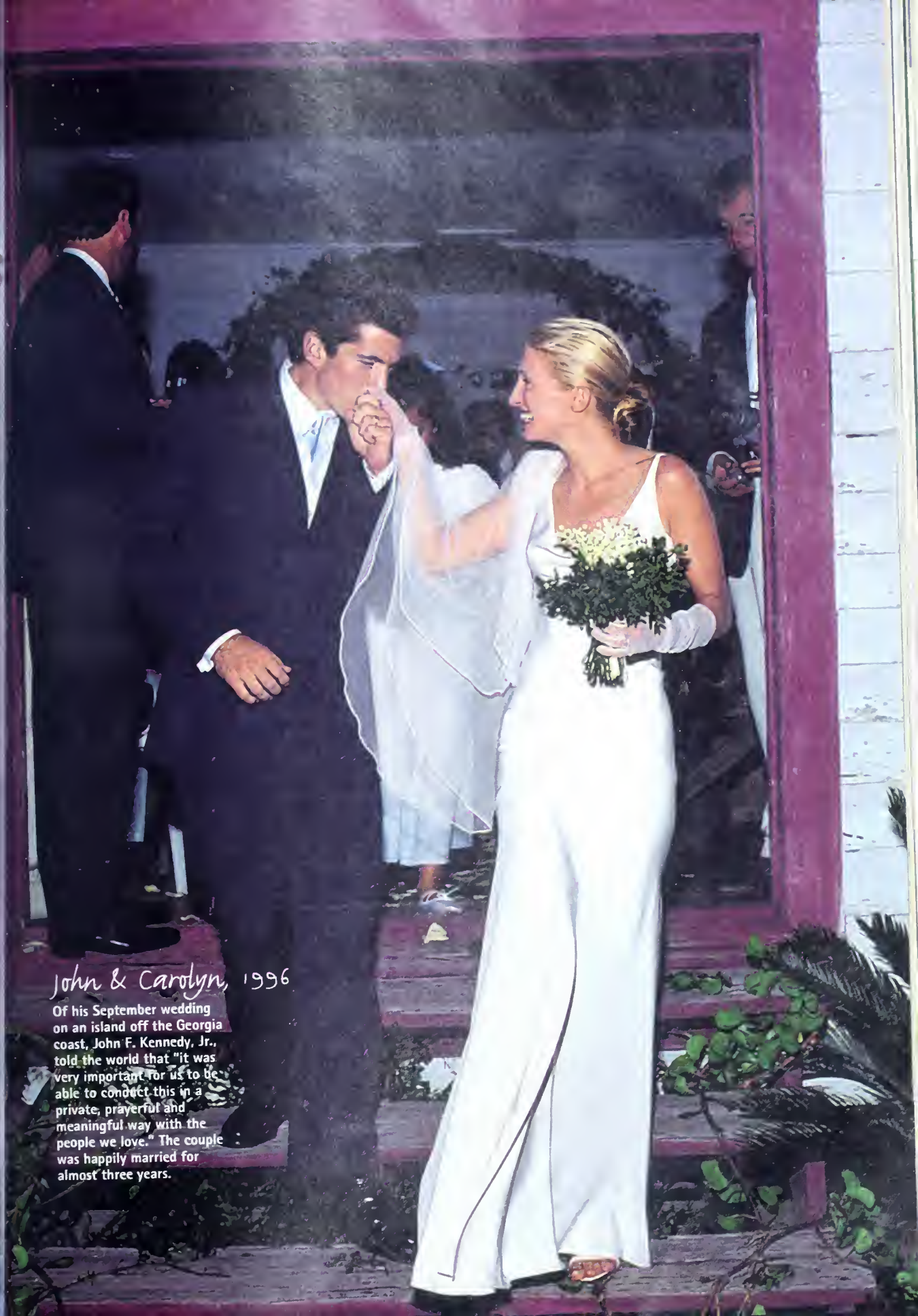




Right: John (with Maria Shriver) said of the day, "This one is extra special because it's my sister, and I'm glad I get to see it up close." Below: Senator Edward Kennedy brought tears to many eyes at the reception when he offered this toast to Jackie, "that extraordinary woman, Jack's only love. He would have been so proud of you today."

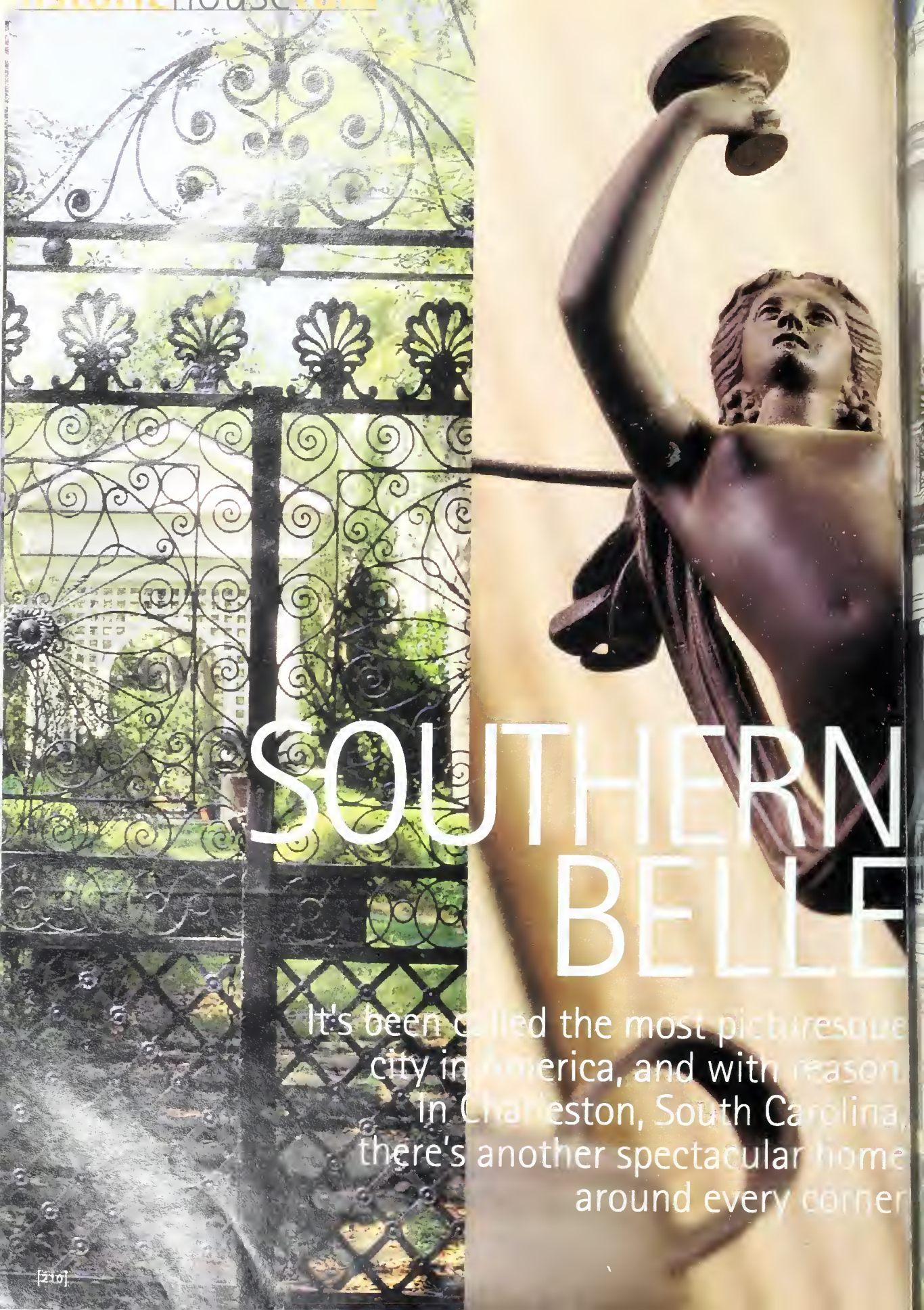






John & Carolyn, 1996

Of his September wedding on an island off the Georgia coast, John F. Kennedy, Jr., told the world that "it was very important for us to be able to conduct this in a private, prayerful and meaningful way with the people we love." The couple was happily married for almost three years.



SOUTHERN BELLE

It's been called the most picturesque city in America, and with reason. In Charleston, South Carolina, there's another spectacular home around every corner.









Imagine falling asleep inside a perfectly appointed period room and waking to discover that it's your home. That is Cathy Forrester's daily reality; she and her family live in a fine, antiques-filled Georgian-style house, built in 1740, which has been in her family for generations. Many of her neighbors live in just-as-lovingly restored eighteenth- and nineteenth-century homes of Federal, Greek Revival, Queen Anne or Beaux Arts design. Cathy says, "People who come to my house often think that I live in a museum."

Indeed, home after home in the city of Charleston, South Carolina, has that same museum quality. For that reason, Charleston is considered one of the most beautiful American cities. Bounded on three sides by water, the city is defined by its architecture, which can be as eccentric as it is exquisite.

Top and middle left: The front door to Cathy Forrester's home, with its classic Georgian detailing, leads onto a piazza that was added around 1790. In the drawing room, nearly all of the original Georgian paneling is intact. Bottom: Stucco tenements, which originally housed businesses on the ground floors and residences above, line a shady sidewalk. Right: Charleston is famous for its gracious covered porches. This wide porch with graceful Doric columns overlooks a large, oak-shaded lawn. The shuttered doors lead to a double drawing room

In Charleston, the past infuses the present—the city boasts a greater number of historic structures than any other place in the United States. The sight of an uninterrupted lane of nineteenth-century houses, of antique steeples against the sky, of intricately detailed wrought-iron gates guarding European-style formal gardens—wherever you go, there's so much that harks back to an earlier time.

Charleston was settled by the English in 1670. For the next one hundred and ninety years, the city enjoyed enormous prosperity—residents had the highest per-capita income of any American center—and, with the exception of the Revolutionary War, an almost uninterrupted peace. During this time, Charleston's citizens acquired sophisticated, sometimes lavish, tastes, and built homes to reflect them. Then the Civil War came, destroying the city's economic and social underpinnings. During the postwar era, Charlestonians gathered together to re-create their town, restoring whatever buildings they could. Their goal was not to build a capital of the New South, but to pay tribute to the old.

Curiously, one of the biggest threats to the city's architecture had nothing at all to do with war. With the advent of the *(continued)*



Charleston's covered porches
are gracious, and practical,
too. Built off the ground, they
are a great place to enjoy the
shade while catching a breeze



From top: Built in 1843 in the Greek Revival style, this house was remodeled with a mansard roof in 1870. Under the eaves is a charming artist's studio overlooking a spectacular view. The claw-foot tub in the master bath is original to the house

In Charleston, the past truly infuses the present, thanks to one of the earliest and most energetic preservationist movements

(continued) automobile, street corners with great mansions were slated for demolition to make room for the construction of gas stations. In response, the city's people banded together to form the Society for the Preservation of Old Dwellings. Then in 1931, with important and beautiful old structures continuing to fall to the wrecking ball, the city passed truly pioneering legislation, designating America's first official historic district and creating a Board of Architectural Review to safeguard its architectural integrity. Charleston, incidentally, gets credit for several other firsts as well: The city formed the first public library in America (1700), and opened the first museum (1773) and golf club (1786).

Certainly, there are plenty of neighborhoods off the tourists' beaten track whose gray, weathered structures still bear witness to the city's difficult postwar past. And not every restored home is an architecturally gracious antebellum mansion. Some residents live in former Greek Revival tenements, many of which were built in the middle of the nineteenth century to house Charleston's growing population of middle-class free blacks, and which once contained storefronts. Others live in iconic Charleston "single houses," which fit the city's narrow lots. One room wide, these homes have a covered porch, or "piazza," on one side, tall windows and high ceilings. That's another beautiful thing about Charleston: Here, grandeur and modesty exist side by side. ■

Excerpted from "Charleston Style" by Susan Sully; photographs by John Blais. © 1999 Rizzoli International Publications. *For a special offer on this book, see page 245.*



Doing laundry could tie you up all day...unless you've got the new Ultimate Care II™ washer from Whirlpool. Throw in that entire pile of grubby play clothes. With the amazing rolling action of our exclusive agitator, they'll come out looking great. Plus, our AccuWash™ Sensor is designed to control water temperatures, helping your detergent perform at its best. To find out how you can make a clean getaway, visit **www.whirlpool.com** or call 1-800-253-1301.

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food journal



Bell peppers, onions and chiles add zip to Chicken and Polenta



Soy sauce and ginger give Spicy Orange Chicken its Asian twist

Serve Chicken with Zesty Tomato over your favorite pasta shape



OCTOBER MENU

In a hurry? Cook up one of these **20-MINUTE CHICKEN** dinners or turn to **SEVEN NIGHTS, SEVEN SUPPERS**, a week's worth of easy menus with a one-stop shopping list. We'll introduce you to trendy **POTATO** varieties and even a guilt-free **FETTUCCINE ALFREDO** recipe. Plus, dig into the perfect **ONION RINGS** or a dynamite **CHOCOLATE CAKE**. And, for all the kids, cute and spooky **HALLOWEEN CUPCAKES**

QUICK CHICKEN

SPICY ORANGE CHICKEN

Chicken tenderloins or "tenders" (the delicate strip of flesh found on the inside of the breast) cook in a flash in this Asian-style skillet dinner.

Total prep and cooking time: [illegible] minutes
EASY, LOW-CAL

- 3 teaspoons [illegible] divided
- 2 bags (10 oz. each) fresh spinach
- 2 oranges
- 1 tablespoon lite soy sauce
- 1 teaspoon honey
- 1 teaspoon grated fresh ginger
- ¼ teaspoon salt, divided
- 1 pound chicken tenders
- ¼ teaspoon freshly ground pepper
- 2 teaspoons finely chopped garlic
- Rice (optional)

1. Heat 1 teaspoon chili oil in 12-inch nonstick skillet over medium heat. Add spinach; cover and cook until just wilted, 4 to 5 minutes. Transfer to a plate; cover and keep warm.
2. Meanwhile, cut peel and the white membrane off one orange, slice crosswise, then halve slices. Squeeze enough juice from the other orange to equal ¼ cup. Combine juice, soy sauce, honey, ginger and ¼ teaspoon salt in cup.
3. Sprinkle chicken with remaining ½ teaspoon salt and pepper. Wipe out skillet. Add remaining 2 teaspoons chili oil and heat over medium-high heat. Add chicken and brown 3 minutes, stir-frying. Add garlic; cook, stirring, 1 minute more. Add orange juice mixture and sliced orange. Bring to a boil; boil 1 minute. Serve with spinach and rice, if desired. Makes 4 servings.

PER SERVING: 225 calories, 5.5 g fat, 1 g saturated fat, 66 mg cholesterol, 772 mg sodium, 14 g carbohydrate, 31 g protein, 176 mg calcium, 5 g fiber

CHICKEN AND POLENTA

Boneless, skinless chicken thighs are topped with a colorful array of green bell peppers, onion and canned tomatoes.

Total prep and cooking time: 20 minutes
EASY, LOW-CALORIE, LOW-FAT

- 1½ pounds boneless skinless chicken thighs
- ¼ teaspoon salt, divided
- 2 green bell peppers, coarsely chopped
- 1 medium onion, coarsely chopped
- 2 teaspoons cumin
- 1 can (10 oz.) diced tomatoes and green chiles*
- 1 tablespoon olive oil
- 1 tube (1 lb.) prepared refrigerated polenta, cut crosswise into 8 equal slices
- 2 tablespoons chopped fresh cilantro

1. Sprinkle chicken with ¼ teaspoon salt.
2. Heat 12-inch nonstick skillet over high heat, 2 minutes. Add chicken and brown, turning, 3 minutes. Add bell peppers and onion; cook 3 minutes. Add cumin and cook, stirring, 30 seconds. Add diced tomatoes and chiles and remaining ¼ teaspoon salt. Reduce heat; cover and simmer chicken 6 to 7 minutes, until cooked through.
3. Meanwhile, heat oil in another large nonstick skillet; add polenta slices and cook 2 minutes per side, until golden.
4. Divide polenta and chicken among 4 shallow serving bowls. Sprinkle with cilantro. Makes 4 servings.

* AVAILABLE FROM INTERNATIONAL HOME FOODS 800-544-5680

PER SERVING: 355 calories, 10.5 g fat, 2 g saturated fat, 141 mg cholesterol, 1,071 mg sodium, 25 g carbohydrates, 37 g protein, 53 mg calcium, 5 g fiber



PEPPERS ON ICE Peppers are a great bargain now; here's how to [illegible] freeze them to enjoy year-round in salads, tomato sauce or pasta [illegible]. Cut off ½ inch from top and bottom of pepper; cut [illegible]. Remove seeds and membrane. Broil skin side up, 12 to 15 [illegible] skin is evenly charred. Cool and peel off skin; cut into 1-inch-wide strips. Arrange strips in a 1-pint resealable freezer bag. Freeze [illegible] months. Thaw before using.

CHICKEN WITH ZESTY TOMATO

Tomato, capers, rosemary and garlic add zip to sautéed boneless, skinless chicken breasts to make an incredibly fast and easy main course.

Total prep and cooking time: 20 minutes
EASY, LOW-FAT

- 12 ounces gnocchetti or cavatelli
- 4 boneless, skinless chicken breast halves (5 to 7 oz. each)
- ½ teaspoon salt
- ¼ teaspoon pepper
- 1 tablespoon butter

Sauce

- 2 tablespoons butter
- 2 teaspoons finely chopped garlic
- ½ teaspoon rosemary
- ¾ cup chicken broth
- 1 medium tomato, diced
- 1 tablespoon capers
- ¼ teaspoon salt
- ⅛ teaspoon pepper

1. Start to cook pasta according to package directions.
2. Meanwhile, sprinkle chicken with salt and pepper. Melt butter in 12-inch skillet over medium-high heat. Add chicken and cook 5 to 6 minutes per side. Tightly wrap chicken in a large piece of foil. Let stand 3 to 4 minutes.
3. *Make sauce:* Melt butter in same skillet over medium heat. Add garlic and rosemary and cook 30 seconds. Add remaining ingredients; bring to a boil, reduce heat and cook 5 minutes, until sauce is slightly reduced.
4. Drain pasta; divide among 4 serving plates. Top each serving with a chicken breast; spoon sauce over tops. Makes 4 servings.

PER SERVING: 595 calories, 12.5 g fat, 6 g saturated fat, 122 mg cholesterol, 927 mg sodium, 66 g carbohydrates, 51 g protein, 43 mg calcium, 3 g fiber

Recipes by Cynthia DePersio

PHOTO: ANNE STETTON; FOOD STYLIST: [illegible]

Introducing the chocolate cookie that's more chocolate than cookie.



Baker's presents the ultimate chocolate cookie.
How ultimate? Tear out the recipe and find out.

Prep: 15 minutes

Bake: 12 minutes

Baker's One Bowl™ Chocolate Chocolate Cookie

2 pkg. (16 squares) BAKER'S Semi-Sweet Baking Chocolate, divided
¾ cup firmly packed brown sugar
¼ cup butter or margarine
2 eggs
1 tsp. vanilla
½ cup flour
¼ tsp. CALUMET® Baking Powder
2 cups chopped nuts (optional)

•**HEAT** oven to 350° F. Coarsely chop 8 squares (1 pkg.) of the chocolate; set aside •**MICROWAVE** remaining 8 squares chocolate in large microwavable bowl on HIGH 1–2 minutes. Stir until chocolate is melted and smooth. Stir in sugar, butter, eggs and vanilla. Stir in flour and baking powder. Stir in reserved chopped chocolate and nuts. Drop by ¼ cupfuls onto ungreased cookie sheet. •**BAKE** 12 to 13 minutes or until cookies are puffed and feel set to the touch. Cool on cookie sheet 1 minute. Transfer to wire rack to cool completely. Makes about 1½ dozen cookies.



Bakers always choose **Baker's.**™

For more great recipes visit www.bakerschocolate.com



seven nights, seven suppers

Five o'clock and you haven't decided what's for dinner? Always running to the grocery store for a forgotten ingredient? Here's a week-long menu plan and shopping list that makes getting great-tasting, easy-cook meals on your table practically effortless **By Jan T. Hazard**



Salmon and Potato
with Lemon Vinaigrette



easy main dishes

DAY ONE
Salmon and Potatoes with Lemon Vinaigrette

DAY TWO
Mini Meatloaves with Tomato Sauce

DAY THREE
Italian Pot Pie with Parmesan-cheese Crust

DAY FOUR
Our Favorite Pot Roast with Gravy

DAY FIVE
Sesame Turkey Nuggets with pineapple dipping sauce

DAY SIX
Pork Tenderloin with Roasted Tomatoes

DAY SEVEN
Asian Noodle Bowl with mushrooms and bok choy



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be that way again. Introducing the Brita Ultra
cet Filter. It removes chlorine, cryptosporidium
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to change the filter. So your tap water will taste
wonderful. The way it was
meant to. From the beginning.

BRITA
Tap water, transformed.

nces removed may not be in all water.

ONE-STOP SHOPPING LIST FOR ONE WEEK

Non-perishable

1 large jar (24 oz.) prepared marinara sauce
6 cans (14 oz. each) chicken broth
1 can (35 oz.) whole tomatoes in puree
1 can (28 oz.) whole tomatoes in juice
1 can (14 oz.) whole tomatoes in juice
1 lb. penne
1 lb. egg noodles
½ lb. bucatini or spaghetti
1 box couscous
1 jar (11 oz.) lemon curd
1 jar (12 oz.) pineapple preserves
1 small jar (12 oz.) peanut butter
1 jar (2.7 oz.) crystallized ginger
1 jar (2.6 oz.) sesame seeds
1 package (6 oz.) semisweet chocolate chips
Brandy

Produce

3 lbs. Swiss chard
1 bunch bok choy
1 package (8 oz.) sliced white mushrooms
½ lb. parsnips
7 onions
2 heads garlic
5 carrots
1 bunch celery
1½ lbs. plum tomatoes
1 bunch green onions
2 oranges
3 lemons
2 Golden Delicious apples
2 Bosc or Bartlett pears
1 piece fresh ginger
1 package baby carrots
Broccoli
Zucchini
Russet potatoes
Green beans
1 bag (1 lb. 8 oz.) Red Bliss potatoes
Salad greens
One bunch fresh mint

Dairy

¼ lb. butter or margarine
3 large eggs
½ lb. Parmesan cheese
½ pint heavy or whipping cream
1 package (16 oz.) firm tofu

Meat, poultry, fish

1 (4½- to 5-lb.) beef round bottom round rump roast
1¼ lbs. unseasoned meatloaf mix
1 lb. Italian sausage links
1½ to 3 lbs. pork tenderloin
1½ lbs. turkey tenderloins
1½ lbs. boneless, skinless chicken breasts
1½ lbs. salmon steaks

Frozen Foods

1 pint vanilla ice cream
Frozen peas

Staples

Olive oil
Vegetable oil
Soy sauce
Vinegar: rice-wine, white-wine, balsamic, distilled white
Salt
Pepper
Bay leaves
Red pepper flakes or jalapeño flakes
All-purpose flour
Sugar
Baking powder
Vanilla extract
Cornstarch
Sliced white bread
Rice

DAY ONE

SALMON AND POTATOES WITH LEMON VINAIGRETTE

Salmon steaks with zesty lemon-garlic dressing start the week off deliciously. Because they're baked, there's no need to flip the fish, so the steaks stay intact.

Prep time: 15 minutes
Baking time: 11 to 13 minutes
EASY, MICROWAVE USED

1 bag (1 lb. 8 oz.) cut-up Red Bliss potatoes
Four 1-inch-thick salmon steaks (1½ lbs.)
½ teaspoon salt
¾ teaspoon freshly ground pepper

Dressing
- 2 tablespoons olive oil
- 2 teaspoons minced garlic
- 2 tablespoons fresh lemon juice
- 1 tablespoon white-wine vinegar
- ½ teaspoon salt
- ¼ teaspoon freshly ground pepper

2 tablespoons chopped fresh parsley
1 teaspoon olive oil
Salad greens
Lemon wedges, for garnish

1. Heat oven to 375°F.
2. Combine potatoes and enough water to cover in 3-quart saucepan; bring to a boil. Cook 12 to 13 minutes, until tender. Drain well; transfer to bowl.
3. Sprinkle both sides of salmon steaks with salt and pepper. Arrange on cookie sheet and bake 11 to 13 minutes, until just cooked through.
4. *Make dressing:* Meanwhile, combine oil and garlic in microwaveproof 1-cup measure. Microwave on High 1 minute. Stir in remaining ingredients.
5. Gently toss drained potatoes with 2½ tablespoons dressing, parsley and remaining 1 teaspoon oil.
6. Transfer a salmon steak to each of 4 serving plates. Divide potatoes among plates. Drizzle salmon with remaining dressing and serve immediately (or at room temperature) with salad greens. Garnish with lemon wedges, if desired. Makes 4 servings.

PER SERVING: 490 calories, 25 g fat, 4.5 g saturated fat, 88 mg cholesterol, 535 mg sodium, 32 g carbohydrate, 33 g protein, 25 mg calcium, 3 g fiber

DAY TWO

MINI MEATLOAVES WITH TOMATO SAUCE

Give each kid his own meatloaf tonight! Just grab a jar of your favorite marinara sauce and mix it up with a combination of ground pork, veal and beef, along with onions, parsley and garlic. Tip: Individual pans cook in half the time, but you can make this as one loaf using a regular loaf pan.

Prep time: 20 minutes
Baking time: 30 minutes
EASY

Meatloaf
- 2 teaspoons olive oil
- 1 cup chopped onions
- 1¼ pounds unseasoned meatloaf mix (equal amounts of ground pork, veal and beef) or ground round
- ½ cup prepared marinara sauce
- ½ cup fresh bread crumbs (2 slices)
- 1 large egg
- 2 tablespoons chopped fresh parsley
- 2 teaspoons minced garlic
- 1 teaspoon salt
- ¼ teaspoon freshly ground pepper

Cooked baby carrots
Cooked couscous
Additional warm marinara sauce (optional)
Chopped fresh parsley

1. Heat oven to 375°F.
2. Heat oil in large nonstick skillet over medium-high heat. Add onions and cook 5 minutes, until lightly browned; cool. Combine onions and remaining ingredients in large bowl, tossing meatloaf mixture lightly with fingertips.
3. Meanwhile, divide mixture between six ungreased 4-inch (1-cup) individual fluted cake mold pans* or one 8½x4½-inch loaf pan. Arrange pans on large jelly-roll pan. *(continued)*

55125

55264

55265

EST CHECK

just discovered
a great little
alian restaurant...
your kitchen!
-Louie

TAX

ST CHECK

Grilled, Italian-style
chicken strips.
Ready to take your pasta
some place new.



Be prepared for a great meal.™

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Bake 30 minutes (loaf pan: 60 to 70 minutes), until meat thermometer inserted into center of meatloaves reaches 160°F. Remove pans from oven and immediately unmold onto jelly-roll pan. Serve with baby carrots, couscous, and additional marinara sauce, and garnish with chopped parsley, if desired. Makes 6 servings.

★ [illegible] THROUGH [illegible] INSTRUCT INC., 800-794-5866.

PER SERVING: 475 calories, 26 g fat, 17 g saturated fat, 140 mg cholesterol, 681 mg sodium, 7 g carbohydrates, 45 g protein, 39 mg calcium, 1 g fiber

DAY THREE

ITALIAN POT PIE WITH PARMESAN-CHEESE CRUST

Call this casserole with chicken, sausage, Swiss chard, tomatoes and Parmesan cheese crust comfort food at its best. This recipe makes two pies, so you can freeze one for another meal or serve both as spur-of-the-moment company fare. Tip: Try red Swiss chard if it's available, which will give the filling a beautiful color.

Prep time: [illegible] cooling
Baking time: [illegible] minutes
EASY

Parmesan pastry:★
[illegible] all-purpose flour
[illegible] grated Parmesan cheese
[illegible] salt
[illegible] cold butter, cut up
[illegible] to 7 tablespoons cold water

[illegible] sausage links, sliced
[illegible] boneless, skinless chicken [illegible] into 1-inch chunks
1 medium onion, chopped
1 [illegible] (35 oz.) whole tomatoes
[illegible]
[illegible] pounds Swiss chard
3 to 4 tablespoons freshly grated Parmesan cheese
Cooked zucchini

1. *Make Parmesan pastry:* Pulse flour, Parmesan and salt in food processor to blend. Add butter; pulse until mixture resembles course crumbs. Sprinkle 5 tablespoons water over mixture. Pulse, adding remaining 1 to 2 tablespoons water if necessary, just until mixture is moistened and begins to hold together (dough should still be crumbly). Gather dough into a disk; cut in half and shape into two disks. Wrap disks and refrigerate 30 minutes.

2. Meanwhile, heat a 12-inch nonstick skillet over medium-high heat. Add sausage; cook 3 to 5 minutes, until browned. Transfer to bowl with a slotted spoon. Discard excess drippings. Increase heat to high; add chicken to skillet and cook 3 to 5 minutes, turning chicken occasionally, until lightly browned. Add onion; cook 3 to 4 minutes, until tender. Add tomatoes and juice; bring to a boil, breaking up tomatoes with a spoon, then reduce heat and simmer 7 to 8 minutes more. Add sausage and cool.

3. Meanwhile, heat oven to 375°F. Trim stems from chard and coarsely slice leaves and stems. Bring ½ cup water, chard stems and leaves to a boil in large pot. Cover and cook 9 to 10 minutes, until stems are tender. Drain in colander, pressing out excess liquid with a spoon.

4. Stir chard into cooled chicken-sausage mixture; divide mixture between two 2-quart baking dishes. Divide and sprinkle 2 tablespoons Parmesan over tops of filling (4 tablespoons if using prepared pastry).

5. Roll each pastry disk so it extends 1 inch beyond edge of each baking dish. Place pastry on top of each dish, pressing pastry against side of dish to seal in filling. Cut 2 slits in center of each. (*Can be made ahead. Tightly wrap dishes and freeze up to 2 weeks.*) Bake pot pies 40 to 45 minutes, until tops are golden and filling is bubbly. (*For frozen pies, unwrap dishes and let stand at room temperature 30 minutes. Bake in 350°F. oven 30 minutes. Increase oven temperature to 375°F. and bake 45 minutes more.*) Serve with zucchini. Makes 6 servings per pot pie.

★OR PREPARED PASTRY

PER SERVING: 402 calories, 22 g fat, 11 g saturated fat, 91 mg cholesterol, 1,042 mg sodium, 25 g carbohydrates, 27 g protein, 193 mg calcium, 3 g fiber

DAY FOUR

OUR FAVORITE POT ROAST WITH GRAVY

Test Kitchen Favorite

What makes this pot roast so special? The meat roasts until fork-tender with onions, carrots, celery, parsnips and tomatoes, then the vegetables are pureed to make an extra-rich and luscious *(continued)*

GRAB A GADGET

These new utensils speed up prep time and make everyday tasks in the kitchen hassle-free.



Rubbermaid Spatula Able to withstand heat up to 450°F., this spatula is perfect for scrambling eggs or cooking custards. A specially designed notch lets you balance it on a skillet. Available in three sizes: 16½" ($20); 9½" ($12) and 13½" ($16); or as a set of three ($43).



Super Scooper Ice Cream Scoop ($3.99) A must-have for dishing out super-chunky ice cream. A row of grooved teeth easily cuts through nuts and big chunks of chocolate.



Microplane Zester [illegible] Razor-sharp [illegible] fruit [illegible] of zest [illegible] any of the [illegible] white pith und[illegible]



Herb Shredder ($17.95) This timesaving utensil is as easy to crank as a cheese grater. Excellent for chopping leafy herbs like parsley, basil or cilantro. Tip: Dry the leaves thoroughly before shredding to prevent a [illegible]ated paste.



Slice 'N Dice ($4.99/set of 2) This cutting mat provides just as much support as a solid board, but you can bend it to funnel chopped foods into a bowl or skillet. Plus, it's dishwasher safe and comes in a set of two colors (one red, one clear).

To purchase any of these gadgets, please turn to page 251.

"There's no mystery to mouth-watering meals... anytime."

"The secret's in the bag."



Betty







Make-It-Easy Chicken Dinner

1 Reynolds Oven Bag, large size (14" x 20")
2 tablespoons flour
1 envelope golden onion soup mix
1 cup water
3 medium carrots, cut in chunks
2 medium red potatoes, cut in wedges
1 medium green bell pepper, cubed
6 chicken pieces, skin removed
Seasoned salt, pepper

PREHEAT *oven to 350°F.*
SHAKE *flour in Reynolds Oven Bag; place in 13x9x2-inch baking pan.*
ADD *onion soup mix and water to oven bag. Squeeze oven bag to blend in flour. Add carrots, potatoes and green pepper to oven bag. Turn oven bag to coat ingredients with sauce. Sprinkle chicken with seasonings; add to oven bag. Arrange chicken and vegetables in an even layer in oven bag.* ***CLOSE*** *oven bag with nylon tie; cut six 1 2-inch slits in top.*
BAKE *55 to 60 minutes or until chicken is tender.*
Easy Clean Up. *Makes 4 servings.*

For more recipes and tips, call 1-800-745-4000, or visit www.reynoldskitchens.com

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...freeze ahead ...nights, or use ...to our delicious ...recipes. Pasta with Ragu recipe follows.

Prep time: 20 minutes
Baking time: 2 ¼ hours to 3 hours
EASY

...teaspoon ... salt
...teaspoon ... ground pepper
(3- to 4-...) beef round bottom round rump roast
...tablespoon olive oil
2 cups chopped onions
4 garlic cloves
2 large carrots, cut into 2-inch pieces
2 celery ribs, peeled and cut into 2-inch pieces
1 pound parsnips, peeled and cut into 2-inch pieces
2 bay leaves
2 large sprigs fresh thyme or 1 teaspoon dried
1 can (14½ oz.) whole tomatoes in juice, drained and chopped
2 cans (14 oz. each) chicken broth
1 tablespoon chopped fresh parsley
Cooked egg noodles and peas

1. Heat oven to 325°F.
2. Sprinkle ½ teaspoon salt and pepper on all sides of beef. Heat oil in large Dutch oven over medium heat. Add beef and brown on all sides, 4 minutes per side. Transfer beef to large plate.
3. Add onions to Dutch oven and cook until softened, 5 minutes. Stir in garlic, carrots, celery, parsnips, bay leaves and thyme. Cook 5 to 8 minutes until vegetables soften. Add tomatoes and remaining ½ teaspoon salt; cook 2 minutes. Add chicken broth; bring mixture to a boil. Return beef and any accumulated juices to pot.
4. Tightly cover top of Dutch oven with foil then with a lid. Bake roast 45 minutes. Gently turn roast over. Cover and bake 1 hour ... 2 hours more, ... 45 minutes ...
5. ... to large ... Cover roast loosely ... and keep warm.
6. *Make sauce:* Skim ... vegetables and broth. Place a large strainer over a large bowl. Working in batches, strain vegetables and broth through strainer, gently pressing vegetables with a large spoon to extract as much liquid as possible. Scrape vegetable puree from the underside of strainer into sauce. Repeat with remaining broth and vegetables. *(For Pasta with Ragu, if desired: Transfer 1½ cups sauce and 1 pound meat to two separate airtight containers. Cover and refrigerate up to 3 days.)*
7. Reheat sauce over low heat. Thinly slice meat. Arrange meat on a large serving plate. Spoon sauce over top. *(Can be made ahead. Arrange pot roast and sauce in a microwave-proof container. Cover and freeze up to 1 month. Defrost in microwave 45 minutes. Transfer to Dutch oven. Place a sheet of foil directly on top of pot roast and sauce. Cover and reheat in a 325°F. oven 1 hour.)* Sprinkle top of pot roast with parsley. Serve with egg noodles and peas. Makes 6 servings.

PER SERVING: 450 calories, 24 g fat, 8.4 g saturated fat, 125 mg cholesterol, 743 mg sodium, 23 g carbohydrates, 43 g protein, 46 mg calcium, 0.6 g fiber

EXPIRATION DATES

Many states require food-dating in supermarkets. By state law, a date (with the day, month and year) must adhere to the following accepted terminology for perishable foods. These dates can help you be a wiser shopper and select products for longer shelf life. Here's what to look for and what the terms mean.

- **Sell By** (meat, poultry, bakery items and milk): Purchase and use before the expiration date.
- **Best If Used By/Best Before** (cereals, grain mixes, rice): The last day that the product has peak flavor and quality. Products can go stale after this date but are safe to eat.
- **Use By:** The last recommended date to eat bagged lettuce, processed potatoes and cut-up fruit for best quality.

PASTA WITH RAGU

Forget standing over a stove! Thanks to a batch of leftover pot roast, you'll get all the taste of ragu, a classic Italian meat sauce that simmers for hours) in just about the time it takes to cook the pasta.

Prep time: 20 minutes
Cooking time: 45 minutes
EASY

Ragu
- 1 tablespoon olive oil
- 1 cup chopped onions
- 1 cup chopped celery with leaves
- 1 teaspoon fresh thyme leaves or ¼ teaspoon dried
- 1 can (28 oz.) whole tomatoes, drained and chopped
- 1½ cups sauce from Pot Roast (from recipe above)
- ½ teaspoon salt
- 1 pound cooked Pot Roast meat, cut into bite-size pieces
- ¼ teaspoon freshly ground pepper

Herb topping
- ½ cup finely chopped fresh parsley
- 2 teaspoons grated lemon or orange peel
- ¼ teaspoon minced garlic
- Pinch salt

1 pound penne, cooked according to package directions

1. Heat oil in medium Dutch oven over medium heat. Add onions and cook until softened, 5 minutes. Stir in celery and thyme; cook 5 minutes, until celery softens. Add tomatoes; simmer 5 minutes. Stir in Pot Roast sauce and salt. Return to a simmer and cook 10 minutes. Add Pot Roast meat and pepper; bring to a boil. Reduce heat; cover and simmer 20 minutes.
2. Meanwhile, *make herb topping:* Combine all ingredients in small bowl.
3. Toss ragu and hot pasta together in a large serving bowl and sprinkle top with herb topping. Makes 5 servings.

PER SERVING: 686 calories, 19 g fat, 6 g saturated fat, 79 mg cholesterol, 902 mg sodium, 85 g carbohydrates, 40 g protein, 104 mg calcium, 4 g fiber

DAY FIVE

SESAME TURKEY NUGGETS

Our recipe uses convenient boneless, skinless turkey tenderloins and is served with a hot and fruity Asian-style dipping sauce. We call for pineapple preserves, but peach and apricot preserves or orange marmalade work well in the sauce, too. Tip: Marinate the turkey and make the sauce the night before, and you'll have dinner on the table in fifteen minutes.

Prep time: 20 minutes plus marinating
Cooking time: 11 to 13 minutes
EASY, MICROWAVE USED

Marinade
- 2 tablespoons soy sauce
- 1 tablespoon vegetable oil
- 2 teaspoons minced garlic
- 1 teaspoon grated fresh ginger

1½ pounds turkey tenderloins, cut into 1½-inch chunks
1 tablespoon cornstarch
1 jar (2.6 oz.) sesame seeds
2 tablespoons vegetable oil

Dipping sauce
- 1 jar (12 oz.) pineapple preserves
- 2 tablespoons soy sauce
- ½ teaspoon red pepper flakes (optional)
- 1 teaspoon distilled white vinegar

Cooked broccoli
Cooked rice

1. *Make marinade:* Combine all ingredients in large bowl. Add turkey; toss to coat. Cover and marinate in the refrigerator for 20 minutes. *(Can be made ahead. Refrigerate up to 24 hours.)* Stir cornstarch into turkey mixture until well blended; sprinkle *(continued)*

Pardon me,

do you have what it takes to make potatoes like these?



Only if you have Grey Poupon.

Grey Poupon's unique blend of herbs, spices and white wine make even the ordinary extraordinary.

Herb-Roasted Potatoes Poupon

5 tbsp. Grey Poupon Dijon Mustard
2 tbsp. olive oil
1 clove garlic, chopped
1/2 tsp. Italian seasoning
6 medium red-skin potatoes (about 2 pounds), cut into chunks

Mix all ingredients except potatoes in small bowl. Place potatoes in lightly greased 13x9x2-inch baking pan or on shallow baking sheet; toss with mustard mixture. Bake at 425°F for 35 to 40 minutes or until potatoes are fork tender, stirring occasionally. Makes 4 servings.



Grey Poupon & potatoes. But of course.

Call 1-888-G-POUPON (1-888-476-8766) for a free recipe booklet.

[illegible] with sesame seeds, turning to coat all sides.

[illegible] oil in a 12 inch non stick skillet over medium high heat. Add turkey and cook 11 to 13 minutes, turning as it browns, until golden and cooked through.

3. *Make dipping sauce:* Meanwhile, combine [illegible] soy sauce and pepper flakes, if desired, in [illegible] cup of bowl. Microwave on high 2 minutes, until preserves are melted; stir in vinegar. Serve turkey nuggets with sauce, broccoli and rice. Makes 4 servings.

PER SERVING: 611 calories, 21 g fat, 3 g saturated fat, 105 mg cholesterol, [illegible] mg sodium, 63 g carbohydrates, 47 g protein, [illegible] mg calcium, 3 g fiber

DAY SIX

PORK TENDERLOIN WITH ROASTED TOMATOES

This succulent pork roast takes only twenty minutes to grill, and it's served with fabulous roasted tomatoes. You can grill twice as much pork and make the Asian Noodle Bowl another night, or double the roasted tomatoes and freeze—they're terrific tossed with pasta or spooned over baked chicken. Tip: Season the meat and roast the tomatoes the night before for a quick start for dinner.

Prep time: 1 hour plus marinating
Grilling time: 20 minutes
EASY, LOW-CALORIE

2 tablespoons olive oil
1 teaspoon salt
¼ teaspoon [illegible] crushed pepper flakes
Grated peel of 1 orange
Grated peel of 1 lemon
1½ pounds pork tenderloin
Tomatoes
[illegible] plum tomatoes,
[illegible]

[illegible]
Mixed [illegible]
Sliced lemon
Fresh thyme sprigs for garnish

1. Combine oil, salt, jalapeño flakes and orange and lemon peels in small bowl. Spread mixture over pork; wrap and marinate in the refrigerator 1 hour. (*Can be made ahead. Refrigerate overnight. Use for Asian Noodle Bowl, below. Prepare pork as directed, except increase pork tenderloin to 3 pounds. Marinate pork in the refrigerator with ¼ cup olive oil, 2 teaspoons salt, ½ teaspoon jalapeño flakes and the grated peel of 2 oranges and lemons. Cool ¾ pound grilled pork for Asian Noodle Bowl; cover and refrigerate overnight. Serve remaining grilled pork with tomatoes as directed.*)
2. *Make tomatoes:* Meanwhile, heat oven to 350°F. Arrange tomato halves (cut side up) and garlic on a jelly-roll pan. Drizzle tomatoes with oil. Bake until tomatoes and garlic are very soft and tomatoes are lightly brown on bottoms, 1 hour. Cool tomatoes and garlic slightly; peel garlic. Transfer tomatoes and garlic to cutting board and coarsely chop. (*Can be made ahead. Transfer tomatoes with juice and garlic to a bowl. Cover and refrigerate overnight.*) Transfer tomatoes, their juices and garlic to small saucepan. Stir in salt and vinegar. Set aside.
3. Heat and oil grill or grill pan. Grill pork 20 minutes, turning several times, until meat thermometer inserted in the thickest part of the tenderloin registers 155°F.
4. Meanwhile, 10 minutes before pork is done, cook tomatoes over low heat just until heated through. Transfer pork to a cutting board; cool 5 minutes. Slice tenderloin and serve with tomatoes, green beans and mashed potatoes. Garnish with sliced lemon and thyme sprigs, if desired. Makes 5 servings.

PER SERVING: 373 calories, 22.5 g fat, 5 g saturated fat, 106 mg cholesterol, 780 mg sodium, 8 g carbohydrates, 35 g protein, 24 mg calcium, 2 g fiber

DAY SEVEN

ASIAN NOODLE BOWL

Budget Recipe of the Month

You'll find oodles of noodles and good-for-you tofu in this satisfying main-dish soup with a subtle flavor of soy sauce, garlic and ginger. It's the perfect way to use up any leftover vegetables at the end of the week.

Prep time: 30 minutes
Cooking time: 20 minutes
EASY

2 tablespoons vegetable oil, divided
1 package (8 oz.) sliced white mushrooms
½ cup finely chopped onion
1 tablespoon finely chopped garlic
1 tablespoon freshly grated ginger
3 carrots, peeled and cut on the diagonal into ½-inch-thick pieces
4 cans (14½ oz. each) chicken broth or 4 cans (14½ oz. each) vegetable broth
2 tablespoons soy sauce
1 tablespoon rice-wine vinegar
1 bunch bok choy, chopped
1 package (16 oz.) firm tofu, drained and diced
¼ lb. bucatini or spaghetti
¾ pound cooked pork tenderloin (recipe above), cut into strips (optional)
1 bunch green onions, sliced
½ cup fresh cilantro leaves

1. Heat 1 tablespoon oil in a medium Dutch oven over medium-high heat. Add mushrooms; cook until edges begin to brown, 3 to 5 minutes. Transfer with slotted spoon to a plate; set aside.
2. Heat remaining 1 tablespoon oil. Add onion, garlic, ginger and carrots and cook 2 to 3 minutes, until onions begin to soften. Add broth, soy sauce and vinegar. Bring to a boil; reduce heat and simmer broth 10 minutes.
3. Stir in bok choy, tofu, pasta and reserved mushrooms and pork, if desired. Gently boil until pasta is just cooked through, 10 minutes. Stir in green onions and cilantro. Makes 4 servings.

PER SERVING: 690 calories, 33 g fat, 7 g saturated fat, 80 mg cholesterol, 2,950 mg sodium, 47 g carbohydrates, 56 g protein, 535 mg calcium, 7 g fiber

(continued on page 235)



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DESSERTS

LEMON [illegible]

Fastest Recipe of the Month

Take whipped cream, fold in a jar of lemon curd and top with crystallized ginger—and you've got an instant dessert.

Total prep time: [illegible] minutes

EASY

...pint heavy (h... cream

...cup prepared lemon curd

2 teaspoons crystallized ginger, finely chopped

Fresh mint sprigs for garnish



Beat heavy cream in large mixer bowl to stiff peaks. Fold in lemon curd with rubber spatula just until combined. (*Can be made ahead. Cover and refrigerate up to 2 hours.*) Divide mousse among 4 dessert bowls. Sprinkle the top of each serving with ½ teaspoon ginger. Garnish with mint sprigs, if desired. Makes 4 servings.

PER SERVING: 348 calories, 25 g fat, 14 g saturated fat, 81 mg cholesterol, 45 mg sodium, 36 g carbohydrates, 4 g protein, 40 mg calcium, 1 g fiber

APPLE AND PEAR SAUCE

A simple sauté of sliced apples, pears and brandy is sublime over vanilla ice cream—and it tastes like fabulous fruit pie without the crust!

Prep time: 20 minutes

Cooking time: 13 minutes

EASY

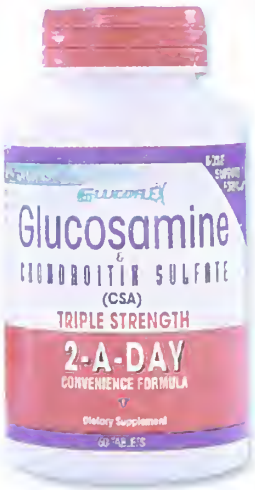
2 tablespoons butter or margarine

2 tablespoons sugar

2 Golden Delicious apples, peeled, cored and cut ... to ... -inch chunks

(continued)

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Campbell's® 15-Minute Chicken & Rice Dinner

Prep/Cook Time: 15 min.

- 1 tbsp. vegetable oil
- 4 boneless chicken breast halves
- 1 can (10 3/4 oz.) Campbell's® Cream of Chicken or 98% Fat Free Cream of Chicken Soup
- 1 1/2 cups water*
- 1/4 tsp. each paprika and pepper
- 1 1/2 cups uncooked Minute® Original Rice
- 2 cups fresh or frozen broccoli flowerets

Heat oil in skillet. Add chicken and cook until browned. Remove chicken.

Add soup, water, paprika and pepper. Heat to a boil.

Stir in rice and broccoli. Top with chicken. Season chicken with additional paprika and pepper. Cover and cook over low heat 5 min. or until done. Serves 4.

*For creamier rice, increase water to 1 2/3 cups.

www.campbellsoup.com

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We have a soup for that.



NIGHTS, SEVEN SUPPERS

Bartlett pears, peeled, cored and cut
-inch chunks
on brandy
lla ice cream

tter in large nonstick skillet over
heat. Add sugar and cook until
t begins to melt, 2 minutes. Stir in
id pears. Increase heat to medium-
over and cook fruit 10 minutes,
frequently, until fruit is golden and
Add brandy and cook, uncovered,
te more. Divide ice cream into
ig bowls; top each serving with
id Pear Sauce. Makes 4 servings.

ING: 302 calories, 14 g fat, 8 g saturated fat,
lesterol, 111 mg sodium, 44 g carbohydrates,
98 mg calcium, 3 g fiber

JT BUTTER-CHIP BARS

ocolate-chip snack cake has all the
f your favorite peanut-butter cook-
ything's mixed up in a saucepan so
ap to make. Freeze extra bars for a
trove of tasty sweets all week.

ıe: 10 minutes
time: 25 to 30 minutes

s all-purpose flour
on baking powder
oon salt

1 cup sugar
1 cup
2 large eggs
1 teaspoon vanilla extract
1 cup semisweet chocolate chips

1. Heat oven to 350°F. Line 13×9-inch square baking pan with foil, leaving one inch of foil over sides of pan. Grease bottom and sides of foil with vegetable shortening. Whisk together flour, baking powder and salt in medium bowl; set aside.
2. Melt butter in medium saucepan over medium heat. Stir in sugar and cook until well combined, 2 to 3 minutes. Stir in peanut butter and cook until mixture is smooth, 3 minutes. Remove pan from heat. Beat in eggs and vanilla with a spoon. Stir in flour mixture, until smooth. Pour batter into prepared pan. Sprinkle top with chips. Bake until edges are golden and toothpick inserted in center comes out clean, 25 to 30 minutes. Cool completely



on wire rack. Remove from pan; peel off foil and cut into twelve 2x2¾-inch bars. (*Can be made ahead. Store at room temperature in an airtight container up to 2 days, or wrap well and freeze up to 2 weeks.*) Makes 12 bars.

PER BAR: 325 calories, 18 g fat, 8 g saturated fat, 56 mg cholesterol, 228 mg sodium, 38 g carbohydrates, 6 g protein, 39 mg calcium, 1 g fiber.

Recipes by Jane Yegoda Goodman and Cynthia DePerso

ES' HOME
OURNAL online

Log on to LHJ Online at www.lhj.com/kitchen for a full month of favorite family recipes, including Clam and Shrimp Risotto, Baked Rigatoni with Sausage, Hearty Vegetable Lasagne, S'mores Bars and Lemon Love Notes.

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Want to make this too?

Campbell's® 15-Minute Herbed Chicken

Prep/Cook Time: 15 min.

- 1 tbsp. vegetable oil
- 4 boneless chicken breast halves
- 1 can Campbell's® Cream of Chicken with Herbs Soup
- 1/2 cup milk

Heat oil in skillet. Add chicken and cook until browned.

Add soup and milk. Heat to a boil. Cover and cook over low heat 5 min. or until done. Serves 4.

For more recipe ideas, visit our website at **www.campbellsoup.com**

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We have a soup for that.



Spook-tacular TREATS

Bake a batch or two of these creepy spider, scary cat and frightful skeleton cupcakes. They're easy to make, and they'll happily haunt your Halloween party table

Trick or treat, time to bake up something sweet: Our spooky skeleton, spider and black cat cupcakes are so deliciously adorable it's frightening! And with these step-by-step instructions, they're just as fun to make, too.

HALLOWEEN CUPCAKES

Prep time: 20 minutes plus decorating and chilling
Baking time: 20 to 22 minutes
MODERATE

2 cups all-purpose flour
2 teaspoons baking powder
½ teaspoon salt
½ cup fresh orange juice
1 teaspoon grated orange peel
½ cup vegetable oil
2 teaspoons vanilla extract
3 large eggs, separated
¾ cup butter or margarine, softened
1 cup plus 3 tablespoons granulated sugar

Icing
1 box (16 oz.) confectioners' sugar
½ cup plus 6 tablespoons butter or margarine, softened
½ cup heavy or whipping cream
1 teaspoon vanilla extract
Orange paste food coloring
¼ cup semisweet chocolate chips, melted and cooled
1 package (12 oz.) white chocolate chips, melted and cooled
1 package (12 oz.) semisweet chocolate chips, melted and cooled

Decorations
Bat and pumpkin sprinkles
14 heart-shaped sprinkles
14 sliced natural almonds
14 blue nonpareils
7 semisweet chocolate mega chips

1. *Make cupcakes:* Heat oven to 350°F. Line twenty-two 2½-inch muffin-pan cups with paper liners.
2. Whisk together flour, baking powder and salt in medium bowl. Combine orange juice and peel, oil and vanilla in a glass measure. Set both aside.
3. Beat egg whites in small mixer bowl to soft peaks; set aside. Beat butter and granulated sugar in large mixer bowl until light and fluffy, 3 minutes. Add egg yolks one at a time, beating well after each addition. Beat in flour mixture, alternating with orange juice mixture, beginning and ending with flour mixture, until just combined. Fold egg whites into batter with rubber spatula.
4. Divide batter into prepared muffin-pan cups. Bake 20 to 22 minutes, until golden and a toothpick inserted in center of a cupcake comes out clean. Transfer to wire rack; cool in pans 5 minutes. Remove cupcakes from pans and cool completely. *(Can be made ahead. Wrap well and freeze up to 2 weeks.)*
5. *Make icing:* Beat confectioners' sugar, butter, cream and vanilla in large mixer bowl until light and fluffy. (Makes 2¾ cups.) Divide icing into 3 bowls. Reserve one bowl as white icing. Put a small amount of orange paste on a toothpick and stir into one bowl of icing until well blended. (Color will darken as icing stands.) Stir melted semisweet chocolate into remaining icing. Spread 1 tablespoon white frosting on each of seven cupcakes. Repeat icing cupcakes with *(continued)*







A. Pipe white-chocolate skeletons and spiderwebs on cookie sheet; let dry. B. When chocolate figures harden, peel off paper from back. C. For these spiderweb cupcakes, pipe chocolate webs directly on top. D. Pipe icing on cupcake edges; tweezers make it easy to attach sprinkles.



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It's what kids scream for

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frostings and cupcakes. Spoon each remaining frosting into three disposable pastry bags fitted with a #2 round or star tip. Set everything aside.

6. Fit each of two large disposable pastry bags, each fitted with a #2 round tip, with the melted white chocolate and the melted semisweet chocolate.

7. *For all decorating:* Make any or all of the following. Note: Skeletons and white webs are fragile, so make a few extra.

Pipe edges of cupcakes decoratively with reserved frostings, if desired. Attach bat and pumpkin sprinkles (photo D, page 238).

Recipe makes 22 cupcakes.

PER CUPCAKE: 390 calories, 22 g total fat, 12 g saturated fat, 75 mg cholesterol, 267 mg sodium, 47 g carbohydrates, 3 g protein, 40 mg calcium, 0 g fiber

Recipe by Karen J.M. Tack



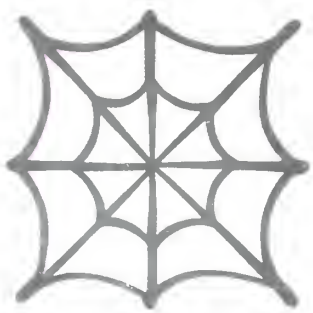
TEMPLATES

To use these skeleton, spiderweb and cat patterns (below), photocopy them at 200 percent. Place under sheet of waxed paper or parchment, and trace with appropriate white or semisweet chocolate. Or, you can print them out in full-size from our Web site, **www.lhj.com/kitchen/**

Skeletons and White Spiderwebs with Flies

- Line a large cookie sheet with waxed paper. Using these patterns, pipe seven spiderwebs and skeletons with white chocolate onto prepared sheet (photo A, page 238). Refrigerate until firm, 30 minutes.
- Pipe semisweet chocolate for skeleton eyes and mouths; attach red hearts. Pipe semisweet chocolate for flies on white spiderwebs and attach sliced almonds for wings. Refrigerate until firm.
- Peel off paper from skeletons and white spiderwebs. Gently press on tops of cupcakes.





Black Cats and Tombstones

- Using pattern below, pipe seven black cats with semisweet chocolate onto a cookie sheet lined with waxed paper. Pipe seven 2x1½-inch tombstones with semisweet chocolate onto prepared sheet. Refrigerate until firm, 30 minutes.
- Pipe white chocolate for cats' eyes and whiskers; attach red hearts for noses. Pipe *RIP* with white chocolate on tombstones. Refrigerate until firm.
- Peel off paper from black cats and tombstones (photo B, page 238). Gently press on tops of cupcakes.

Black Spiderwebs

- Pipe black spiderwebs on tops of cupcakes (photo C, page 238). Attach mini chip for spider bodies and thin fine chocolate and attach blue nonpareils for eyes. Pipe semisweet chocolate for spider legs.



FROM THE LHJ KITCHEN

LHJ has created an exclusive decorating kit that provides all the items needed to decorate our Spook-tacular Cupcakes. The **Spooky Decorating Kit** includes:

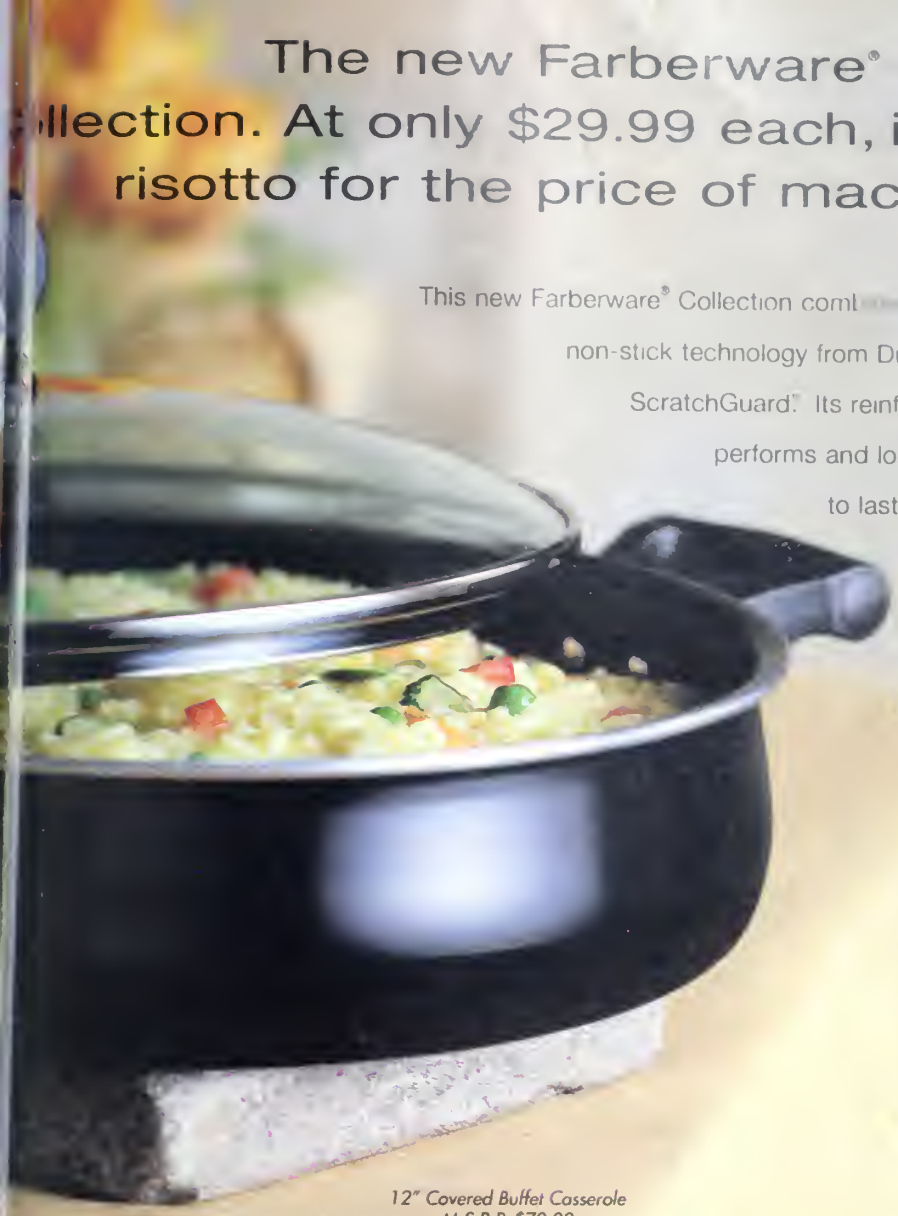
- 50 paper baking cup liners in a spooky pumpkin, witch and ghost pattern
- One 1-ounce jar of orange paste food coloring
- One 3¼-ounce jar of blue nonpareils
- One jar of 6 assorted sprinkle mixes that include the orange pumpkin sprinkles, black bat sprinkles and red heart sprinkles. (Also included are holiday sprinkles for Christmas, Easter, St. Patrick's Day, Valentine's Day and July Fourth.)
- Four #2 round decorator's tips
- One #14 star decorator's tip
- Twelve 12" disposable decorating bags
- Five couplers
- Full-size templates of skeleton, spiderweb and black cat

Available by special arrangement with Wilton Industries, Fox Run Craftsman and Xcell International Corp., this kit sells for $27.95, *which includes shipping, handling and applicable sales tax.*

TO ORDER: Call 800-763-6393 (MasterCard, Visa and Discover Card users) or send your name, street address and a check or money order to: *Ladies' Home Journal*® Resources, Dept. L1099, P.O. Box 9381, Des Moines, IA 50306-9381. Please specify product. Orders outside of contiguous U.S., please add $15 S&H to total order.

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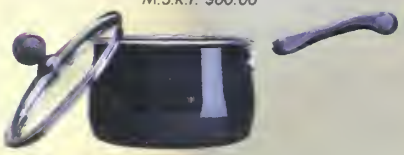
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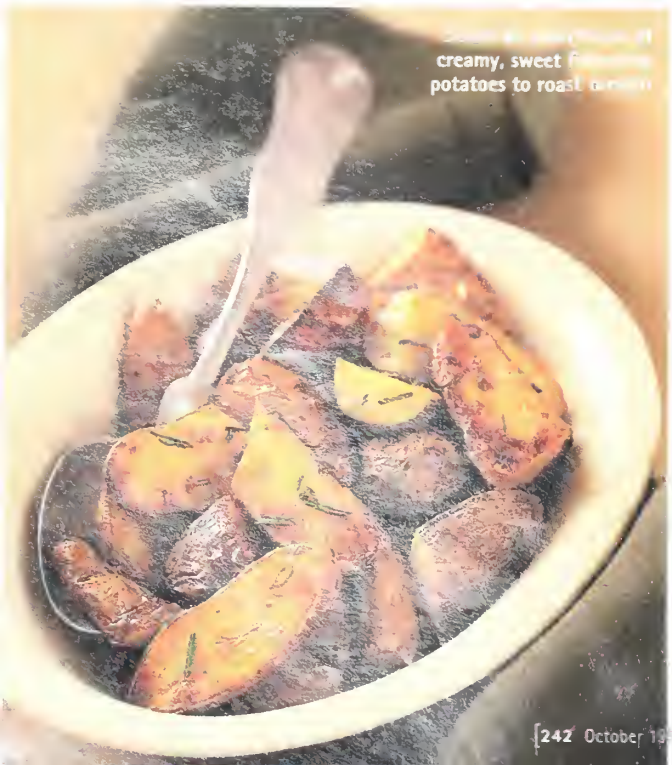
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What A SPUD

Now when you say potato, you're not just talking old-fashioned russet anymore. Check out these tasty varieties in the market now

PICK A POTATO **Russet** brown skin, dry, fluffy. **Yukon Gold** gold flesh, firm. **Red** white flesh, moist. **Blue** blue skin and blue flesh, moist. **Fingerling varieties: Austrian Crescent** light brown skin, light yellow flesh. **Rosevale** red and yellow flesh. **Ruby Crescent** tawny skin, yellow flesh



ROASTED FINGERLINGS

Roasting intensifies the richness of potatoes, especially sweet fingerlings, which are named for their shape and size.

Prep time: 5 minutes
Baking time: 30 to 35 minutes
EASY

- 2 pounds fingerling potatoes, scrubbed (Rosevale, Ruby Crescent, Austrian Crescent), or Yukon Gold or red potatoes, scrubbed and cut into quarters
- 2 tablespoons olive oil
- 1 tablespoon chopped fresh rosemary leaves
- ½ teaspoon kosher salt
- ¼ teaspoon freshly ground pepper

Heat oven to 425°F. Pat potatoes dry with paper towels. Transfer to a jelly-roll pan and toss with oil and rosemary. Roast until golden and tender when pierced with tip of knife, 30 to 35 minutes. Transfer to serving bowl and sprinkle with salt and pepper. Serve immediately. Makes 4 to 6 servings.

PER SERVING: 195 calories, 5.5 g total fat, 1 g saturated fat, 0 mg cholesterol, 161 mg sodium, 33 g carbohydrates, 3.5 g protein, 2 mg calcium, 3 g fiber

BLUE MASHED POTATOES

Food Editor's Favorite

We added plenty of butter and shallots to purple-blue spuds, and a dollop of sour cream to keep them extra creamy. Definitely a mash of a different color—yes, they're really blue—but equally delicious!

Prep time: 15 minutes
Cooking time: 20 to 22 minutes
EASY

- 2½ pounds blue or red-skinned potatoes, peeled and quartered
- 1½ teaspoons salt, divided
- 5 tablespoons butter or margarine, divided
- ¼ cup chopped shallots
- ½ cup milk
- ½ cup sour cream
- ¼ teaspoon freshly ground pepper

1. Bring potatoes, 1 teaspoon salt and enough cold water to cover by 2 inches to boil in large saucepan. Reduce heat and simmer 18 to 20 minutes, until potatoes are fork-tender.
2. Meanwhile, melt 4 tablespoons butter in small skillet over medium heat. Add shallots; cook until shallots are lightly golden and softened, about 5 minutes. Set aside.
3. Drain potatoes. Return to saucepan and cook 2 minutes over low heat to dry. Coarsely mash potatoes with potato masher or large wooden spoon. Stir in shallot mixture, milk, sour cream, remaining ½ teaspoon salt and pepper, mashing until well combined and heated through. Cut up remaining 1 tablespoon butter and swirl into potatoes. Transfer to serving bowl. Makes 5 cups.

PER 1-CUP SERVING: 335 calories, 17.5 g total fat, 10.5 g saturated fat, 45 mg cholesterol, 738 mg sodium, 40 g carbohydrates, 6 g protein, 63 mg calcium, 3 g fiber ■

Recipes by Jane Yagoda Goodman


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PARTY Cake

New York City chef Jacques Torres wows a crowd with a dessert that's 99 percent chocolate, 100 percent simply delicious



Jacques Torres' Chocolate Decadence cake is guaranteed to satisfy the most insistent chocolate craving

With almost 2 pounds of bittersweet chocolate, this luscious creation is the definition of decadent—exactly the sort of dessert patrons expect from Jacques Torres, executive pastry chef of Le Cirque 2000 restaurant in New York City, cookbook author and host of the national public TV series *Dessert Circus*. Chocolate-almond cake layers are filled and frosted with ganache, a rich truffle-like frosting made of chocolate and heavy cream. To top this special celebration cake, Torres serves up at the restaurant. "Decorating the cake," says Torres, "is limited only by your imagination. You can pipe frosting over the top if you're comfortable using a pastry bag, or simply sprinkle with shredded coconut or chopped toasted nuts."

CHOCOLATE DECADENCE

Indulgent But Worth It

Prep time: 40 minutes plus standing and chilling
Baking time: 30 to 35 minutes
MODERATE, MICROWAVE USED

Cake
- 2 packages (8 oz. each) plus 2 ounces bittersweet or semisweet chocolate squares, finely chopped
- 10 large eggs, separated
- 10 tablespoons unsalted butter (no substitutes), softened
- ¾ cup almond flour or toasted almond flour* or ½ cup whole blanched almonds
- 2 tablespoons light corn syrup
- ¼ cup dark rum (optional)
- ¾ cup sugar

Truffle Ganache (filling/frosting)
- 2 cups heavy or whipping cream
- 2 packages (8 oz. each) plus 5 ounces bittersweet or semisweet chocolate squares, finely chopped
- ¼ cup Grand Marnier or orange-flavored liqueur, or grated peel of 1 orange

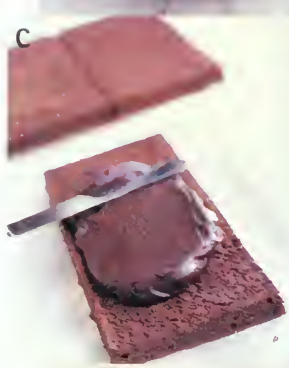
Fresh raspberries and mint sprigs, for garnish

1. Heat oven to 325°F. Grease a 15½x10½x1-inch jelly-roll pan with vegetable shortening or butter. Line bottom of pan with parchment paper. Set aside.
2. *Make cake:* Place chocolate in medium microwaveproof bowl. Cover with plastic wrap, turning back one corner to vent. Microwave on High 1½ minutes; stir and microwave 30 to 45 seconds more, until chocolate is melted and completely smooth. Keep chocolate covered so it remains warm.
3. Beat egg yolks, butter, almond flour (if using whole blanched almonds, process nuts with 2 tablespoons of the











A. Using a rubber spatula, gently spread cake batter in a jelly-roll pan lined with parchment paper. B. Make frosting: Whisk half the hot cream into chopped chocolate; repeat with remaining cream until mixture is smooth. C. Evenly spread ¾ cup frosting on top of each baked cake layer; stack layers and frost sides. D. Fill a pastry bag with remaining frosting; decoratively pipe along the top and bottom edge of the cake.

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Off The Shelf

ROASTED STUFFED PEPPERS

Whip up this quick vegetarian dinner with roasted bell peppers, prepared rice pilaf mix, zucchini and canned black beans. Shredded Mexican cheese blend makes the filling extra delicious.

Prep time: 15 minutes
Baking time: 25 to 30 minutes
EASY

- 4 large yellow or red bell peppers, halved lengthwise and seeded
- 1 tablespoon olive oil
- 1 box (6.75 oz.) Near East Spanish Rice Pilaf
- 1 cup diced zucchini
- 1 cup canned black beans, rinsed and drained
- 1 bag (8 oz.) four-cheese Mexican shredded cheese blend, divided

1. Arrange oven racks in top and bottom third of oven. Heat oven to 450°F.

2. Line a large jelly-rol with foil. Brush outside of per halves with oil. Ar peppers cut side up on pre pan; bake on lower rack 20 minutes.

3. Meanwhile, prepare Sp Rice Pilaf according to pa directions, except during th 5 minutes of cooking tim zucchini to top of rice (d stir). When rice is done beans and 1½ cups cheese rice. Spoon rice mixture e into pepper halves; divide sprinkle remaining ½ cup c over tops. Bake on top 10 minutes, until cheese is ed and filling is heated thro Makes 4 servings.

PER SERVING: 535 calories, 28 g tot 13.5 g saturated fat, 50 mg chole 1,391 mg sodium, 50 g carbohydrates protein, 484 mg calcium, 5 g fiber

Recipe by Cynthia DePersio

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TRITION GUIDE Calorie and nutrient analysis appears at the end of our recipes to help you plan well-balanced meals

Y GOAL

es	2,000 (F), 2,500 (M)	Carbohydrates	250 g or more
fat	60 g or less (F), 70 g or less (M)	Protein	55 g to 65 g
ated fat	20 g or less (F), 23 g or less (M)	Calcium	1,000 mg
sterol	300 mg or less	Fiber	25 g to 35 g
um	2,400 mg or less		

KENNEDY WEDDINGS



KENNEDY WEDDINGS: A FAMILY ALBUM

(from our story on page 206) is a lavishly illustrated book of one of the world's most famous families. From Joe and Rose's private wedding to JFK Jr. and Carolyn's secret nuptials on a secluded island, this 192-page 8½x9½" hardcover reveals many never-before-published photographs and anecdotes of the Kennedy family. By arrangement with Holtzbrink, the price of $40 includes shipping, handling and applicable sales tax.

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LHJ SPECIAL OFFER

From the LHJ Kitchen

To purchase any of the kitchen gadgets shown in our story on page 226, call 800-763-6393 (MasterCard, Visa and Discover Card) or send your name, street address and a check to: LHJ® Resources, Dept. GL1099, P.O. Box 9381, Des Moines, IA 50306.

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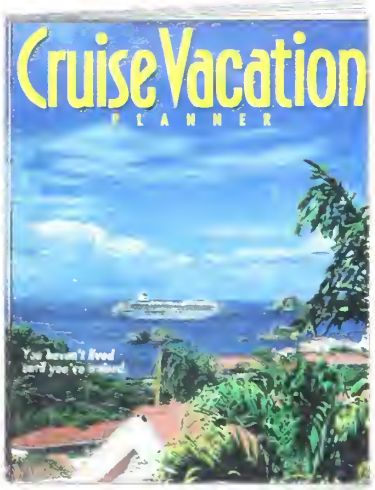
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DIANE SAWYER

Continued from page 199

problems are her specialty. "If something's wrong, it's Diane to the rescue," says Lesley Stahl, a friend since the seventies. "Whenever I need courage with my bosses I always call her, because I know that she will strengthen me and she has. Regularly." Sawyer's sister agrees. "When Joan Ganz Cooney inducted Diane into the Academy of Television Arts & Sciences in 1997, she made a speech about how Diane is a supreme foul-weather friend," says Frankel. "When you are having trouble, no matter how busy she is, she is there for you."

Sawyer also reaches out to pals by E-mailing poetry to friends, including Emma Thompson, Geraldine Laybourne, Diane von Furstenberg and Winfrey. "That's typical Diane, thinking of a way to say, 'Hey, I'm thinking of you,'" says Winfrey. "All of us look for the people who can make us better, stronger, wiser. I sit up straighter when I'm around her."

If Diane stands tall, it's due t to her footwear. "A person's sh a lot about her," notes her "Deep down Diane fantasizes being Bette Midler's backup Look at her feet."

The following day, Sawyer into the photo shoot wearin strappy Donna Karan sandals. briefed about her sister's con Sawyer laughs. "My slutty shoes six-inch heels that say, 'You know everything about me.'"

But maybe we do. Although an upset stomach, all it takes is diet Coke and a lot of loud Franklin to tap in to the backup fantasy. She changes from her wear into a pink dress, and with ounce of inhibition, she starts s ing her hips, and bopping to th of "Rock Steady." What do footwear say about the inner l Everything—her feet are bare.

Melina Gerosa is the entertainment of Ladies' Home Journal.

HAIR ACROSS AMERICA

Continued from page 204

MIDWEST Mark Zemplinski at Studio 890 Salon, Elm Grove, WI (414-785-2890); color, $40 and up; highlights, $50 and up. Freebie: Manicure for new clients (with any color service).

Wendy Zabokrtsky at Salon Nouveau & Day Spa, Sioux Falls, SD (605-361-5500); color, $56 and up; highlights, $62 and up. Discount: 10% off a color service (with Wendy or Cindy).

WEST Jeanna Astorga, owner of Yamhill Hair, Portland, OR (503-243-2119); color, $40 and up; highlights, $65 and up. Discount: 20% off first visit.

George Alderete at Sculpt Salon, Covina, CA (626-339-5566); color, $65 and up; highlights, $70 and up. Freebie: Redken Shades EQ gloss (with any color service).

Evan Cowden at Carsten, Phoenix, AZ (602-840-4240); color, $50 and up; highlights, $75 and up. Freebie: Blow-dry with haircolor.

SOUTH Kathryn Humphrey at Van Michael Salon, Atlanta, GA (404-237-4664); color, $40 and up; highlights, $65 and up. Freebie: Hair glaze (with color service with Kathryn).

Bruce Augusto at Chenzo & Co., Mizner Park, Boca Raton, FL (561-362-9637); color, $30 and up; highlights, $60 and up. Discount: 20% off color service with Bruce.

COLOR, BRUNET

They can differentiate among a million shades of brown to mix and match and create a rich, natural look.

EAST Sunday Sabien at Visage Salon & Day Spa, Augusta, ME (207-623-6209); color, $49 and up; highlights, $78 and up. Freebie: Makeup touch-up mini-session using Aveda makeup.

Amram at Bumble and bumble, New York, NY (212-521-6500); color, $81 and up; highlights, $135 and up. Freebie: Blow-dry (after color service).

Claudine King of Gnik's Royal Crown Salon, Wilmington, DE (302-984-1035); color, $25 and up; highlights, $25 and up. Discount: 5% off any service with Claudine.

MIDWEST Dina Hill at Duncan Brothers Salon Oklahoma City, OK (405-840-2767); color, $ up; highlights, $70 and up. Freebie: 8-oz. TIGI shampoo (with any shampoo, cut and style).

Sharon West at G.B. & Co. Hair•Skin•Spa, Cloud, MN (320-253-4832); color, $50 and highlights, $50 and up. Discount: $5 off hair

Joseph Jabsi at Heidi's Salons, Troy, MI (248 6210); color, $65 and up; highlights, $80 an Freebie: Blow-dry (with color with Joseph).

WEST Kim Newman at DIVA Studio, Las Vega (702-736-2011); color, $55 and up. Freebie: and conditioning treatment (with any color s

Heather Peacock at Salon Trio, Denver, CO (220-9990); color, $40 and up; highlights, $6 up. Discount: 10% off color service with Hea

SOUTH Buddy Peters at Yellow Strawberry Sa at Fashion Mall, Fort Lauderdale, FL (954-37 2538); color, $50 and up; highlights, $90. Fr "Superheat conditioner" (with any hair servic with Buddy).

Rayna Lewis at Toni & Guy, Dallas, TX (214- 3825); color, $53 and up; highlights, $68 an Freebie: Makeup touch-up (with any color ser with Rayna).

COLOR, RED

It's the trickiest of all haircolors to perfect an maintain. These color pros stake their reputati mixing up the right reds.

EAST Natasha Alekseyeva at Michael Christop Designs, Wilmington, DE (302-658-0842); co $40 and up; highlights, $85 and up. Freebie: I conditioning treatment.

Heather Roy at Salon Mario Russo, Boston, M (617-424-6676); color, $65 and up; highligh $125 and up. Freebie: 2-oz. Bumble and bumb Gentle Shampoo.

MIDWEST Joelle King at Face to Face for Wellne Beauty, Jamestown, ND (701-251-1618); color

ts, $36–$60. Freebie: Aveda custom-blend (with any color service with a Designer 1 stylist).
awrence at Spa Roma, Morgantown, WV 2-7546); color, $45 and up; highlights, up. Discount: 10% off first-time color clients.
Savic at Trio Salon, Chicago, IL (312-944- olor, $53 and up; highlights, $95 and up. : 20% off a color service with Tammi.
avid Holland at Sargeant Salon, Salt Lake (801-355-3952); color, $25 and up; ts, $55 and up. Freebie: Haircut (with any rvice).
er Herrick at Architects & Heroes Salon, San o, CA (415-391-8833); color, $50 and up; ts, $110 and up. Freebie: Essential-oil scalp and deep-conditioning treatment (with a rvice).
Volpe at Zio Salon, Las Vegas, NV (702-434- color, $60 and up; highlights, $75 and up. t: $5 off a color service with Joey.
Ernest Ginn at The Salon, Hattisburg, MS 61-3960); color, $36 and up; highlights, d up. Freebie: Deep conditioner (with color with Ernest).
h Wood at Itz Robertz, Montgomery, AL (334- 502); color, $55 and up; highlights, $85 and ebie: Makeup session (with any hair service).

V-DRY

for making the curliest hair pin-straight, ros don't turn off the dryer till each strand is

Dayler Chagas at Color & Cut, New York, NY 375-2806; 528-1992); $30. Discount: $5 off -dry with Dayler on Monday, Tuesday or sday.
Lemieux at Interlocks Salon & Day Spa, ryport, MA (978-465-3010); $37 and up. : Wella product of your choice, up to alue (with any service).
en Najera at Debbie Elliott Salon and Day Spa, nd, ME (207-828-0540); $18. Freebie: Paraffin hand treatment (with any service with Darleen)

MIDWEST Julie Miklush at Kennice The Salon, Farmington Hills, MI (248-932-1122), $35. Freebie: Free color service (with a haircut) for first-time clients.

Tana Austin at Rick Mosley Hair, West Des Moines, IA (515-279-4075); $25 and up. Freebie: 3- to 5-minute stress-relieving scalp massage (with a hair service with Tana).

WEST Billy Garvin at Gene Juarez Salon & Spa, Seattle, WA (206-326-6000), $45. Freebie: Makeup touch-up (with any service)

Brenda Brown at U Los Angeles, CA (310-204-4995), short hair, $15; long hair, $26. Freebie: Styling brush (with a blow-dry with Brenda)

Cathy Oh at Paul Brown Salon & Day Spa, Honolulu, HI (808-591-1881), $30.50. Freebie: Custom-blend foundation (with any service)

SOUTH Deeva at Tony Fielding Salon, Dallas, TX (214-522-9486); $20. Freebie: Blow-dry and styling with any cut.

Shannon Sherick at Chuck Kelly Salon, Gulfport, MS (228-896-0800); $20. Freebie: Aveda essential-oil stress-relieving treatment and free consultation (with any hair service).

MAKEOVER

Ready for a total overhaul? These stylists keep clients abreast of the trends and possibilities for haircolor and cuts that will add up to a great update.

EAST Jamie Mazzei of Nubest & Co., Manhasset, NY (516-627-9444); cuts, $45 and up. Freebie: Kiwi shampoo and conditioning treatment for first-time clients (with any hair service).

Toni Kim at Hugo Salon, Bethesda, MD (301-949-2330); cuts, $35–$55; color, $45 and up. Discount: $5 off any service, free consultation.

MIDWEST Laura Cantu-Brann at Gaia Inc. Salon, Merrillville, IN (219-794-0028); cuts, $40; color, $27–$85. Freebie: Aveda travel-size hair product (with any hair service).

Pamala Johnson at Mario Tricoci Hair Salon and Day Spa, Kansas City, MO (816-931-9922), cuts, $40 and up; color, $40 and up. Freebie: Mario Tricoci shampoo and conditioner gift set (with any service at any Mario Tricoci Hair Salon and Day Spa).

Amy Heavican at Salon Tino, Omaha, NE (402-392-0220), $39 haircut/style; color, $36 and up; highlights, $60 and up. Freebie: Scalp massage (with any hair service).

Adrienne Auge at Hair Experts Design Team, Lawrence, KS (785-841-6886), cuts, $30 and up; color, $35 and up. Freebie: Travel-size Redken hair product (with any hair service).

Heather Henrichs at Sanctuary Spa and Salon, [illegible], MT (406-655-1701), cuts, $32 and up; color, $75 and up. Freebie: Deep-conditioning treatment (with any hair service).

SOUTH Suzanne Szabo at Key Lime Pie Salon and Wellness Spa, Atlanta, GA (404-873-6512); cut, $50; color, $58 and up; highlights, $75 and up. Freebie: Scalp massage and stress-relieving treatment (with any hair service).

Brigitte Pipkin, owner of That French Salon, Little Rock, AR (501-224-3075); color and cut average $55–$80. Freebie: Matrix cosmetic gift pack (with a color and cut; a $30 value).

Heather Wentz at Harmony Salon, Matthews, NC (704-841-4247); cuts, $30 and up. Freebie: Aveda travel-size hair product (with any hair service).

BARGAIN CUT/COLOR AND TRAINING NIGHTS

Below, salons that offer their high-end services—often at half price—at designated times.

EAST The Lemon Tree, Oceanside, NY (516-536-8833); shampoo, cut $9; shampoo, cut, blow-dry, $13; color, $12 and up; highlights, $40 and up. Walk-ins okay.

Pileggi on the Square, Philadelphia, PA (215-627-0565); $40 for Sunday and Monday training nights. Appointment necessary.

The Redken Exchange, New York, NY (212-984-4703); $15. Thursdays, 12–1:15 p.m., (continued)



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walk-ins can get a consultation and, space permitting, a chance to be a demo model.

MIDWEST Next Wave, a Marilyn Ihloff Salon, Tulsa, OK (918-587-2566); cut and style, $23 (on Wednesday, $15). Stylists have graduated from the owner's assistant-training program. Appointment necessary for Wednesday.

Maxine, Chicago, IL (312-751-9338); free cuts and $25 chemical services on training days, Wednesdays and Fridays, 9 a.m.–12 p.m.

Hair Cuttery, Burke, VA (703-978-9877); shampoo, cut, $11; shampoo, cut, blow-dry, $15; color, $22; foil highlights, $50. High style at low prices; walk-ins okay.

WEST Studio 904, Seattle, WA (206-626-0904); cuts, $34; color, $40; highlights, $74. The no-tipping rule makes this salon a bargain.

Rudy's Barber Shop in The Standard Hotel, West Hollywood, CA (323-650-5669); cuts, $24; virgin color, $55 and up; retouch, $50 and up. A folksy-but-hip barber shop that attracts a celeb clientele. Walk-ins okay.

SOUTH TRIM, Nashville, TN (615-269-8029); cuts, $15; color, $25. The Dixie Chicks go blond here; you can go on the cheap on Monday or Tuesday training nights.

Regis, Supercuts and Mastercuts salons (800-777-4444); cuts, $9 and up. Over five thousand salons across the country for great hair on a budget. Walk-ins okay. ■

AT-HOME HAIR HELP

Visit LHJ Online at www.lhj.com/beauty for an interactive map of all the salons mentioned here. Plus, you'll find more expert hair tips demonstrated on video, including how to do a salon-perfect blow-dry at home.

Take It Easy Sweepstakes

Continued from page 156

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SHE DIED FOR HER BELIEF

Continued from page 194

is a martyrdom, it's an unlike
Before she was a martyr, she was

I am not belittling her brave
profoundly proud of her for say
to her killers, and I always
When I first heard what she had
I wondered, Would I have do
I might have begged for my life.
may have been seventeen, but
a far stronger woman than I'll ev

The public's reaction to her
has been astonishing. Letters po
from around the world. At one
our entire living room was sw
with gifts, letters and cards.

Scott, a fifteen-year-old
Phoenix, wrote that Cassie's
turned his life around. In Penn
nia, a young couple named thei
daughter after her. Says Jordan,
Cassie's classmates, "An event li
should change us. If it doesn't,
something wrong."

But reflecting on what happe
not easy. Why, I wonder, whe
ents and lawmakers are calling f
control and an end to violence o
are our young crying out for rel
ships? Why, when we offer then
chologists and experts on co
resolution, are they going to y
groups and looking for friends?
when we are assigning blame, ar
talking about a change of heart?

The more I think about it, the
certain I am that it's not the peop
vote for, the organizations we jo
the particular beliefs we hold. It's a
ter of choosing to extend a hand, t
low a gut feeling, even when it re
stepping out of our "comfort zon
Cassie would say. It's a matter of l
ready to sacrifice all for love's sake—
heroically, but consistently, in the
everyday acts that make up a life.

It is with this thought that
able, ultimately, to see the loss o
daughter as not so much a defeat
victory. The pain is no less. It wi
ways remain deep and raw. Even
know that her death was not a w
but a triumph of honesty and cour
To me, Cassie's life says that it is b
to die for what you believe tha
live a lie. ■

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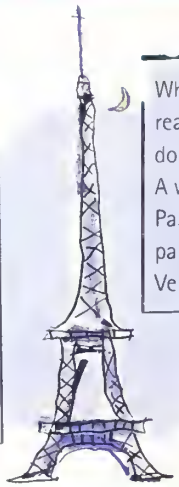


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WHAT MAKES MEN STAY IN LOVE

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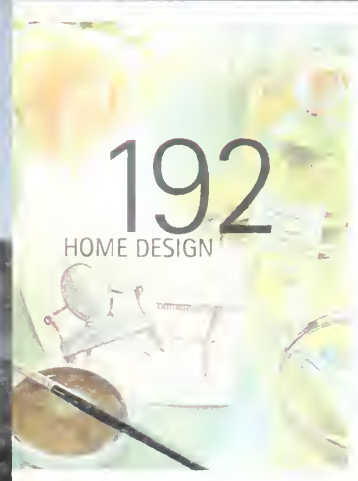
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November 199

The LHJ 100

156 AMERICA'S 100 MOST IMPORTANT WOME They're changing the way we live and influencing o attitudes. From the fields of business, science and politi to art and literature, sports and entertainment, these a the women making important things happen right now

186 WOMEN OF STYLE These beauty and fashio trendsetters affect not only the way we look and dre but also how we feel about how we look.

192 RETURN TO GLAMOUR Barbara Barry is the d signer the other designers are watching. Produced b Kimberlie A. Waugh

202 THANKSGIVING TRADITIONS Come celebrate th most delicious holiday feast ever, courtesy of two to tastemakers: the queen of modern American cuisin Alice Waters, and dessert diva Maida Heatter.

216 JULIA CHILD'S DIVINE DUCK America's mos famous gourmet shows you her step-by-step recipe for fabulous stovetop roast duck.

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24 BEAUTY & FASHION NEWS The top ten beauty products of the year, from fast hair fixers to luscious lip sticks; coats for your kind of weather; and more.

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182 IN SICKNESS & IN HEALTH Dana Reeve shares the intimate details of life today with her husband, Christo- pher—from bringing up their young son to making love. Plus, the amazing stories that give them strength. By Melina Gerosa

199 FOOD JOURNAL Three tasty, quick-to-make Thanksgiving starters to whet your guests' appetites.

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119 ADVANCES IN MEDICINE A special section on all the latest medical breakthroughs.



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120 TODAY'S HEALTH, TODAY & TOMORROW Research has led to amazing tests and treatments—and even vaccines to prevent cancer. By Ronny Frishman

130 REINVENTING THE HUMAN BODY Doctors, anthropologists and fashion designers weigh in on what they'd change—if they could. By Beth Howard

145 MIRACLE BABIES These children—a pair of conjoined twins, and the first American test-tube baby—owe their lives to medical science. An LHJ follow-up report, including the latest treatments for infertility.



News

77 SHE'S GOT A GUN! Debra Puglisi was raped, abducted and threatened with death—and somehow escaped. A story of incredible courage. By Marjorie Preston

102 IS YOUR CHILD AT RISK? A noted expert on child psychology offers important information on helping a kid who's heading for trouble. By Dianne Hales

Relationships

40 REAL SOLUTIONS "Falling in Love" Love comes in many different forms, and for these three women, tremendous life changes came with it. By Cynthia Hanson

62 HOW WELL DO YOU KNOW YOUR TEEN? Are parents in touch with their kids? Four parent-child pairs put their relationships to the test. By Michele Bender

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46 KIDS TO BARBIE Novelist Jane Smiley explains why her daughters loved the famous doll—and why that's fine with her.

52 LIKE MOTHER, LIKE DAUGHTER After campaigning for her husband and for mental-health awareness, Tipper Gore tackles a new role—grandma. By Diana McLellan

74 RAY OF LIGHT Ray Romano of *Everybody Loves Raymond* talks about fame, family—and underwear. By Jim Jerome

108 "IT'S BEEN ONE HELL OF A RIDE" Our five Voices of the Decade reflect on the lessons learned in the nineties as a new century draws near. Plus, meet our new LHJ Mothers of the Century. By Kathryn Casey

Food

222 PUMPKIN CHIFFON PIE The quintessential Thanksgiving dessert, baked up better than ever.

224 MUSHROOMS, UNLIMITED Sprouting on grocers' shelves: all kinds of mushrooms, offering all kinds of flavor.

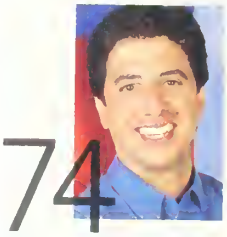
226 IN SEASON NOW Scoop up the freshest nuts this fall, and make our delicious Mixed Nut Strudel.

231 THANKSGIVING LEFTOVERS Your family will love leftovers when it's our Turkey–White Bean Stew.

232 INSIDE THE JOURNAL KITCHEN









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LADIES' HOME
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DATE: 11/99
FROM: Myrna Blyth
RE: The Perfect Gift

Century after century, *Ladies' Home Journal* is a way to show you really care.



Last year Bonnie Beyer, of Beaver, Pennsylvania, sent me the gift card that her grandmother had received along with a subscription to *Ladies' Home Journal* for the year 1900. On the card, as you can see below, a charming little girl is unwinding a roll of paper and beginning to write the story of the twentieth century. The subscription was a gift to Bonnie's grandmother, Caroline Davis, of Sugar Grove, Pennsylvania, from her sister, Marietta Siggins, of Warren, Pennsylvania. Bonnie, a longtime reader, thought I would like to have "one of these dear old gift cards" in my collection of *Journal* memorabilia. She was right. I had never seen anything quite like it before, and I was absolutely delighted to receive it. In fact, I now have the gift card framed and displayed on my desk.

In this fast-forward world of contemporary media, how many magazine editors are lucky enough to work for a publication that was considered a perfect gift one hundred years ago—and is still so strong and vital. I am happy to say that thousands of our readers still give LHJ to friends, relatives and co-workers at holiday time. If you want to give a next-century gift subscription, just call 800-374-4545.

On our 1899 gift card, we wrote that "in the first year of the New Century, we hope that each number will be full of pleasure to you and bring a happy remembrance of the holidays." While we might not phrase it quite the same way today, the sentiment certainly still holds: Enjoy this special best-of-today issue along with our wishes to you and your family for a happy Thanksgiving.



The Journal wished readers a Happy New Century with this gift card in 1899

SOUND BITES

"It's actually kinda great being me."

—Julia Roberts, "America's 100 Most Important Women," page 154

"We, as a family, left an able-bodied existence full of privilege and ease and entered into a life of disability. We went from the haves to the have-nots. Or so we thought."

—Dana Reeve, "In Sickness & In Health," page 182

"How could I let my children bury their father without me? I was either going to get out of there that night, or I was going to die."

—"She Lived a Nightmare," page 77


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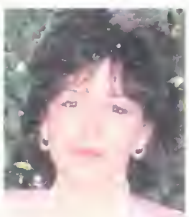


JANE SMILEY

OCCUPATION: Author, Pulitzer-prize winner.
WRITING SAMPLE: An essay, "Ode to Barbie" (page 46), which we excerpted from *The Barbie Chronicles* (Simon & Schuster, 1999).
HOPE: "I look forward to the day when they come out with a Novelist Barbie," she says.

"Chris and Dana Reeve have a strong marriage, and Dana may be one of the strongest women I've ever met"
—Photographer Dana Fineman-Appel, who shot the Reeves for "In Sickness & In Health," page 182.





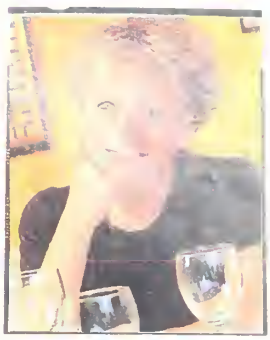
MARJORIE PRESTON

"One reason we came together to do this story was because we were both rape victims," says Preston, who interviewed Debra Puglisi for "She Lived a Nightmare" (page 77). "I thought this story would be a way for me to come full circle, but Debbie was a teacher to me as well. She exemplifies that recovery is not a passive process."

MICHELLE McCABE

ASSIGNMENT: To photograph "He's Turning into a Loser" (page 10), this month's installment of "Can This Marriage Be Saved?"
CHALLENGE: "It can be tough to get models to behave like real people in front of the camera."
SOLUTION: "I have them act out the conflict, as if for a miniature film."





"They'd be a terrific First Family, but it'll be a hard road, emerging from the Clintons' shadow"
—Diana McLellan, on Tipper Gore and her daughter Karenna, her subjects in "Like Mother, Like Daughter" (page 52).

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"He's Turning Into A LOSER"

THIS MONTH'S CASE:

MATT despaired of ever finding a new job, and **LAURA** was having her doubts about him—and their marriage. They had to confront their insecurities and rebuild their trust **By Margery D. Rosen**

LAURA'S TURN

"I hardly recognize the man I married eight years ago," confided Laura, thirty-four, a public-relations executive and mother of two. "Matt was always so solid, but ever since he lost two jobs last year, he's become depressed and anxious.

"Matt had been working as a strategic planner for an Internet service provider. It was bought last year by a large corporation, and many of the original staff were let go. I held him tightly and said, 'It's okay, honey—I love you, and we'll get through this.' We figured he'd have a new job in no time.

"He jumped at the first job offer he got, as a consultant for a venture capitalist who had a reputation as a shark. Well, that man gave him grief from day one. Then, just a month after Matt was hired, his boss fired him for no real reason—two weeks before Christmas, no less.

"Being out of work in this booming economy is hard enough on the ego, and losing a second job was devastating. The job hunt has been frustrating for both of us, and it's been going on for so long that I'm starting to worry about our financial situation. I've helped him look through the want ads, and Matt has followed a number of leads, but nothing is 'the right fit' or 'good enough.' I'm afraid I'm losing my confidence in him—and in us.

"I get so frustrated trying to communicate with him. Matt either gives me the silent treatment or he gets defensive. I can be understanding for only so long before I lose my temper. I know that it's not right, but sometimes I feel I have no other choice. Matt doesn't share his feelings with me. He tends to immerse himself in one thing and shut me and our sons out. Right now, it's the job search; before that, it was the renovation of our house.

"Matt loves stripping, sanding, varnishing and painting for hours on end—and I don't. For the first year, we were brushing plaster dust off the pots and pans. Then six months ago, when the house finally looked decent, I came home from work one night *(continued)*

THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case is based on interviews and information from the files of Lynn Heitler, L.C.S.W., a marriage and family therapist in Denver, Colorado. The story told here is true, although names and other details have been changed to conceal identities.

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"It's very demoralizing to be looking for a job as long as I have," said Matt. "It's even worse knowing that Laura has had to put her own plans on hold"

(continued) to find Matt ripping up the flooring in the upstairs hall. I was livid.

"Before Matt lost the first job, I had plans to change my hectic, stress-filled life. We had decided that I would cut back on my hours next spring to be with the boys; obviously, that's out of the question for now. We need every penny I make.

"I know what can happen to a family when a parent is out of work. My dad was an accountant in St. Louis, but there were many periods when he was unemployed. Mom, a pharmacist, basically supported us, much as her own mother had done because her father also had trouble holding down a job. My pa ents loved me, but their rel tionship was very volatile— lot of yelling and tears. I w actually relieved when the divorced.

"Shortly after I finishe grad school, I met Matt. I w impressed by how focused and ambitious he was abo his goals—starting his own company and raising a famil We were married in a small ceremony a year after w met, and we were happy until all this happened.

"I know he's worried about finding another job—I am too—but I feel like our marriage, and our family, ar falling apart. Our sex life, which used to be wonderfu has become nonexistent. Before, he was totally involve with the boys; now he'll play with them for a minute o two before withdrawing into his own world.

"I love my husband, but I don't know how to hel him anymore."



MATT'S TURN

"I don't know what else I can do," said Matt, thirty-four, a strikingly handsome man with dark eyes that reflected his sadness. "I try to be there for Laura. I try to fix up our house and make it a real home. But no matter what I do, I can't please her. The minute she walks in the door, she has a look on her face that says, 'He screwed up again.' Then out of the blue, she'll scream at me about something minor—like the time I left the clothes in the dryer and they got wrinkled.

"Some days, I can't help feeling she's right—that I'm a complete failure and a fraud. I'm surprised how hard being out of work has hit me. When I was let go the first time, I took it pretty well. We'd known about the buyout for months, so I was prepared. And I knew we'd be okay financially until I went back to work.

"But that second job was a disaster. I'd been warned that the boss was tough, but I figured that if I could just hang in there for a few years, I'd be in a terrific position to launch my own firm. Well, from the moment I walked into that office, I couldn't do one thing right. And yet, as abusive as my boss was, I kept thinking that I could find a way to please him eventually.

"Then came the day he told me to clear out my desk. I tried to reason with him, but he said, 'My gut tells me you have to go.' End of discussion. I felt discarded.

"It's very demoralizing to be looking for a job as long as I have. It's even worse knowing that Laura has had to put her own plans on hold. I'm beginning to feel helpless and doubtful that anything will work out. There are plenty of jobs out there, and I've had a few promising leads, but I never make it past the second interview. One thing I have learned, though, is that I want to work for someone I can look up to and learn from, like my dad.

"Dad was a sales director who took a big pay cut when we moved from Chicago to Denver, because he wanted his children growing up in a nicer environment. Money was tight, but it didn't matter—if I said I wanted to play baseball, Dad signed me up for a local team the next day. If I was discouraged about something, he helped me work it out. Everyone loved him. *(continued on page 16)*

NEW NEWS FROM

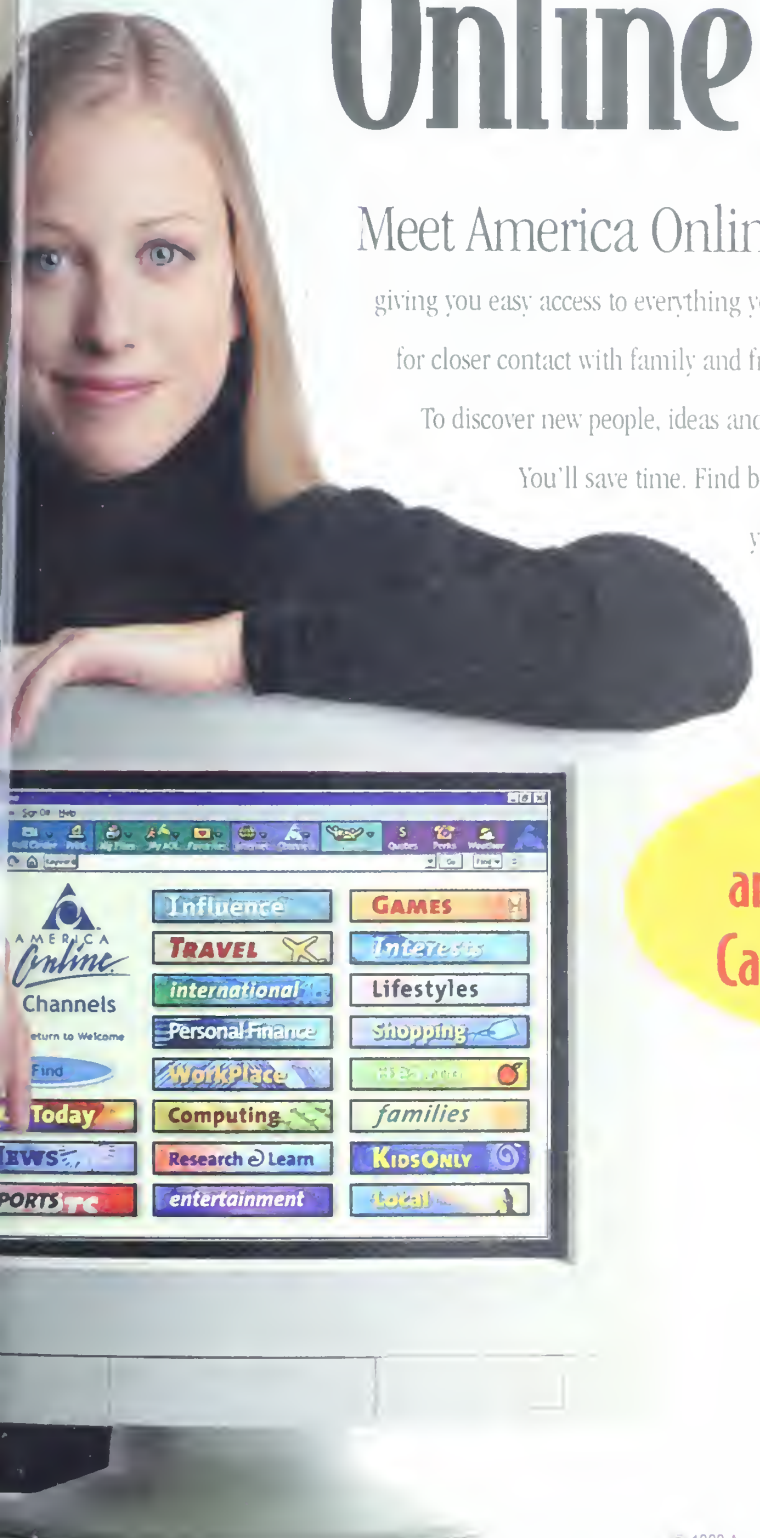
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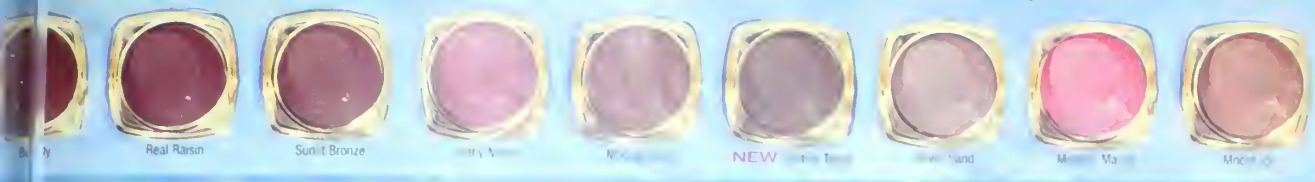
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(continued from page 12) "When I was eleven, Dad died of cancer, and Mom was never the same. We were never an openly emotional family, but after this, it was as if my older siblings and I all dried up inside. I pretty much learned to fend for myself and find my own way. I kept my grades up, went to a good college, got my MBA. Then I met Laura, whose optimism has always been refreshing for me.

"Laura's right; I'm a methodical person. When I'm engrossed in a project, it's as if I have blinders on until everything comes out the way I want it to. I remember one winter when my third-grade teacher had us cut up paper snowflakes. I must have gone through three packs of paper until I had one snowflake I was happy with.

"I know this is a sore point for Laura, but renovating the house calms me down. She thinks that incident about the upstairs hallway proves that I don't care about her. That's not it at all. I just knew that taking out the stained linoleum and refinishing the floor would improve the look and resale value of the house. I thought she'd be pleased. I certainly didn't intend to pull a fast one on her.

"Even so, Laura is right. There aren't many things I find pleasurable anymore. It's hard to stay upbeat when you've been out of work for a year with no idea where to look next. But the one thing I'm sure of is that I'll always love Laura. I just wish I could make her see that."

"Instead of searching for his 'ideal' job, Matt needed to think about what he enjoyed doing most. He decided that being an entrepreneur wasn't for him."

THE COUNSELOR'S TURN

"Laura and Matt's story clearly illustrates how one spouse's problem can balloon into a couple's problem when partners are unable to tell each other how they feel or what they need," said the counselor.

"Matt's unemployment triggered a tidal wave of questions and indecision. Laura was forced to put her dream of spending more time with her sons on hold. She did so willingly, but then this allowed Matt, a perfectionist by nature, to procrastinate about finding work.

"Laura had her mother's drive and enough self-awareness to know that she didn't want to marry a weak or unreliable man, as her mother and grandmother had. She chose someone whom she believed to be dependable and focused on his future. However, after this crisis, Laura began to doubt her own judgment and choices. She felt selfish asserting her own needs, so she nagged and complained rather than clarifying what she wanted.

"When his father died, Matt lost his compass. He set unrealistically high standards for himself, and, as a result, he often felt he didn't measure up, that his achievements were only a fluke, that he'd never be successful again. Whenever Matt felt out of control, he retreated.

"Instead of searching in vain for his 'ideal' job, Matt needed to think about what he enjoyed doing at work and at home. Which books, movies and hobbies did he love? Did he prefer working alone or with a team? In a high-energy atmosphere or a calm one? After weighing his preferences, Matt ultimately decided that being an entrepreneur wasn't for him. He felt he would be better suited to a position with a company that had values similar to his. Soon, he was entering job interviews with confidence.

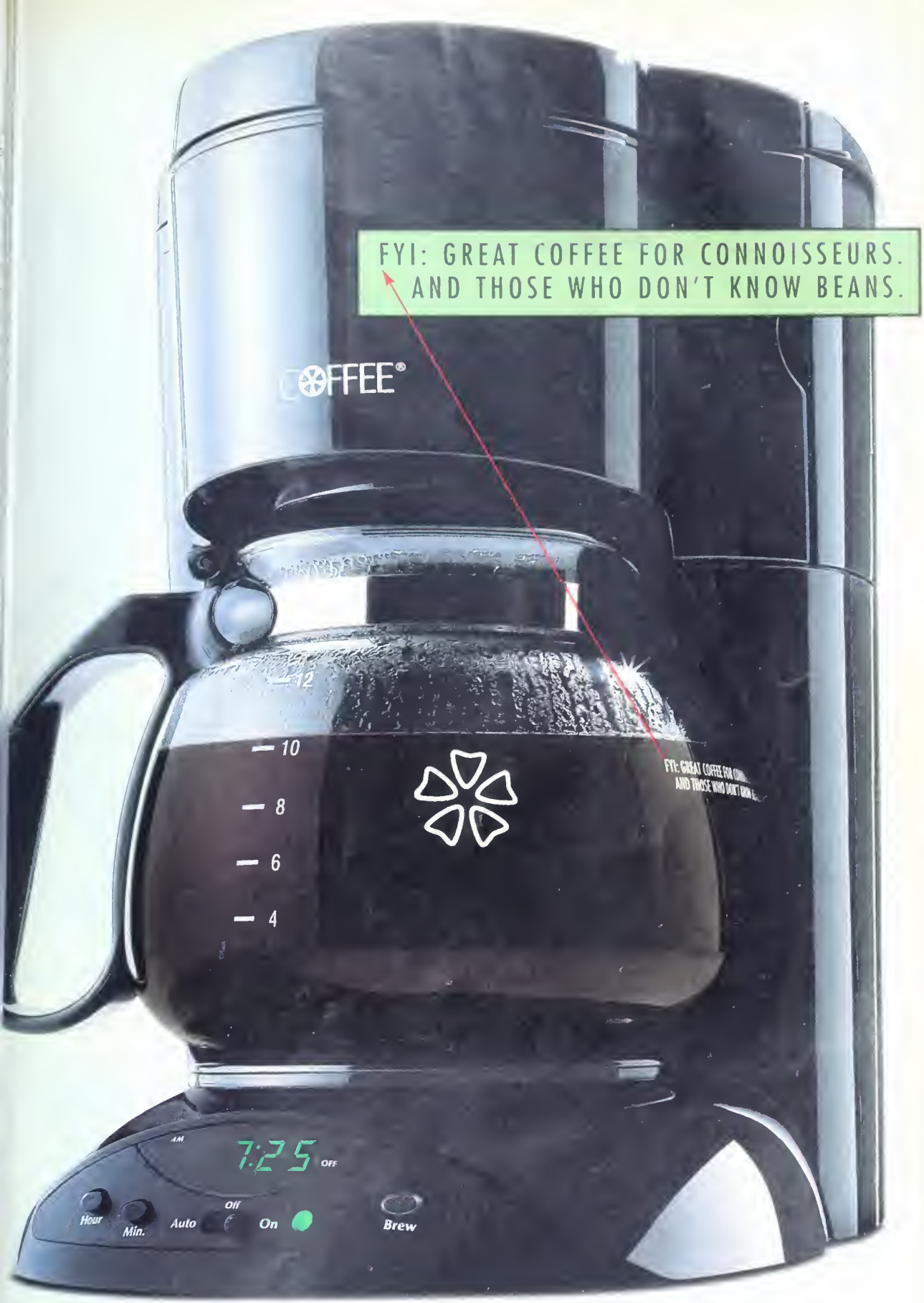
"At the same time, we worked on the problems he and Laura were having. Sulking or burying himself in home-improvement projects protected Matt from dealing with emotions that frightened him. We worked on helping him talk about his feelings. For her part, Laura had to tell her husband exactly what she wanted and needed.



"I encouraged the couple to take time to reconnect in the evenings after their children had gone to bed. As they opened up, they learned things about each other and felt they were being heard and understood at last.

"Slowly, the couple decided that they were tired of city living. 'We're going to move to a small university town in the Midwest,' Laura reported after ten months of counseling. She had found a part-time position in the university's communications department, which would allow her to spend time with her sons. And Matt had landed two job offers. 'We're moving in a few months,' he said, 'and we both know it's the right choice.'" ■

Visit LHJ Online at www.lhj.com/marriage to join our ongoing Relationships discussion group. There, you can share your feelings about this month's case, and exchange questions and opinions about issues facing you and other couples.



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OTTO

OLLOW UP:

HITTING THE JACKPOT

Three years ago, the tiny, drought-stricken farming town of oby, Texas, was suddenly flooded th millionaires. That November, rty-three residents pooled their oney and won the state lottery—a hopping $50 million. But today, he Roby forty-three" aren't exact- living high on the hog. Many have used their winnings to save their farms and pay off debts; others have built new homes or bought pickup trucks. In general, says Mayor Lance Green, one of the millionaires, Roby is more optimistic. But for most residents, fortunes still rise and fall with the price of crops. Says Green, "Our outlook doesn't depend on the lottery, it depends on the weather."

—Bonnie Gangelhoff

AMERICAN SNAPSHOT: TALKIN' TURKEY

E GOBBLE IT UP, BUT HOW MUCH DO WE REALLY KNOW ABOUT IE FESTIVE BIRD? LET THE NUMBERS SPEAK FOR THEMSELVES....



Year first Thanksgiving was reportedly celebrated: **1621**

Year Thanksgiving became a national holiday: 1863

Years turkeys have been roaming the Americas: **10 million**

Pounds of turkey consumed at Thanksgiving: 675 million

Pounds of turkey eaten in June, National Turkey Lovers' Month: **353 million**

Pounds of extra flab Americans gain during the holidays: 1 trillion

Weight in pounds of the largest turkey ever raised: **86**

Ratio of Americans who prefer white to dark meat: 2 to 1

Pounds of turkey annually consumed per capita: **14.2**

Pounds of chicken annually consumed per capita: 51.6

Number of U.S. places with the word *turkey* in them: **61***

Number of U.S. places with the word *chicken* in them: 4**

Number of U.S. festivals dedicated to turkey: **1*****

*Examples: Turkeytown, Alabama; Turkey Foot, Florida; Turkey, Kentucky; North Carolina; Ohio; Texas; West Virginia
**Chicken, Alaska; Chicken Bristle, Illinois; Kentucky; Chickentown, Pennsylvania. ***The Eldon, Missouri, Turkey Festival —Jennifer Hoche

CALENDAR

November 3

The **bra turns eighty-five**. The original, a jerry-rigged affair made of two silk hankies and ribbon, was the 1914 brainchild of Mary Phelps Jacob, a New York deb with a thing against corsets.

November 17

Tonight the **Leonid meteor shower** will make the skies come alive. The meteors look like shooting stars and will appear to burst from the constellation Leo (just beneath the Big Dipper). For best viewing, find a northeast-facing spot away from street lights between midnight and five A.M.

November 20

One hundred fifty towns and cities across the country will be taking part in **National Family Volunteer Day**, during which parents and kids will do their bit for their communities, whether it's decorating senior centers or cleaning up parks. Call 800-865-8683 to find out about projects in your area.

November 26

Retailers know the day after Thanksgiving as Black Friday—one of the year's biggest shopping days. It's less well-known as **Buy Nothing Day**—a twenty-four-hour moratorium on spending started by a Canadian organization in 1992. The point? To spend *time* with the folks on your gift list, instead of spending *money* on them.

—Alison Calabia



PULSE POLL:

WOULD YOU RATHER BE RICH OR THIN?



Badge of honor: "The Atlanta police force has had a woman in every rank in the department," says Beverly Harvard. "How many cities can say that?"

NEVER UNDERESTIMATE THE POWER OF A WOMAN

Beverly Harvard is used to proving men wrong. In 1973, her husband bet her $100 that she didn't have what it takes to join the Atlanta Police Department. Beverly vowed to make him pay up. In fact, not only did she join the force, but five years ago, she was appointed chief—becoming the first African-American woman in the U.S. to run a major police department.

"It was a great sense of accomplishment," says Harvard, who has led her 2,300-member force through the 1996 Olympic bombing, and last July's day-trader shooting rampage that left nine dead and thirteen injured.

Despite her achievements, Harvard acknowledges that there is still a glass ceiling in the field of law enforcement. "I'm sure some men would like to see me fail," she admits, "but I show that a woman can be chief and do a good job." Her husband, for one, isn't arguing.

—Christine Many

STAR BABIES' STRANGE NAMES

For the past decade or so, many celebrities have seemed to be running a race to win the Weirdest Baby Name Award. Definitely in the competition have been young Hud Mellencamp, Rebop Rundgren and Jett Travolta. In 1999, the race has heated up with even more. Strong contenders include:

Arpad Flynn Son of Elle Macpherson

[illegible] daughter of Soon-Yi and [illegible] Sidney Bechet [illegible]'s daughter

Gulliver [illegible] conside[illegible]

Paris Michael [illegible]'s

daughter, joining brother Prince

Sailor Lee Christie Brinkley's daughter

Selah Daughter of Lauryn Hill and Rohan Marley (who also have a son named Zion)

Sindri The son of singer Björk

True Daughter of Forest Whitaker (who also has a daughter named Sonnet)



JUST WONDERING

Call it must-see TV month. November 4 begins the sweeps rating period, when the networks air blockbuster movies and mini-series to lure viewers. In a tribute to the tube, we asked some of Hollywood's biggest stars to tell us their favorite TV characters.

—By Stephen Schaefer

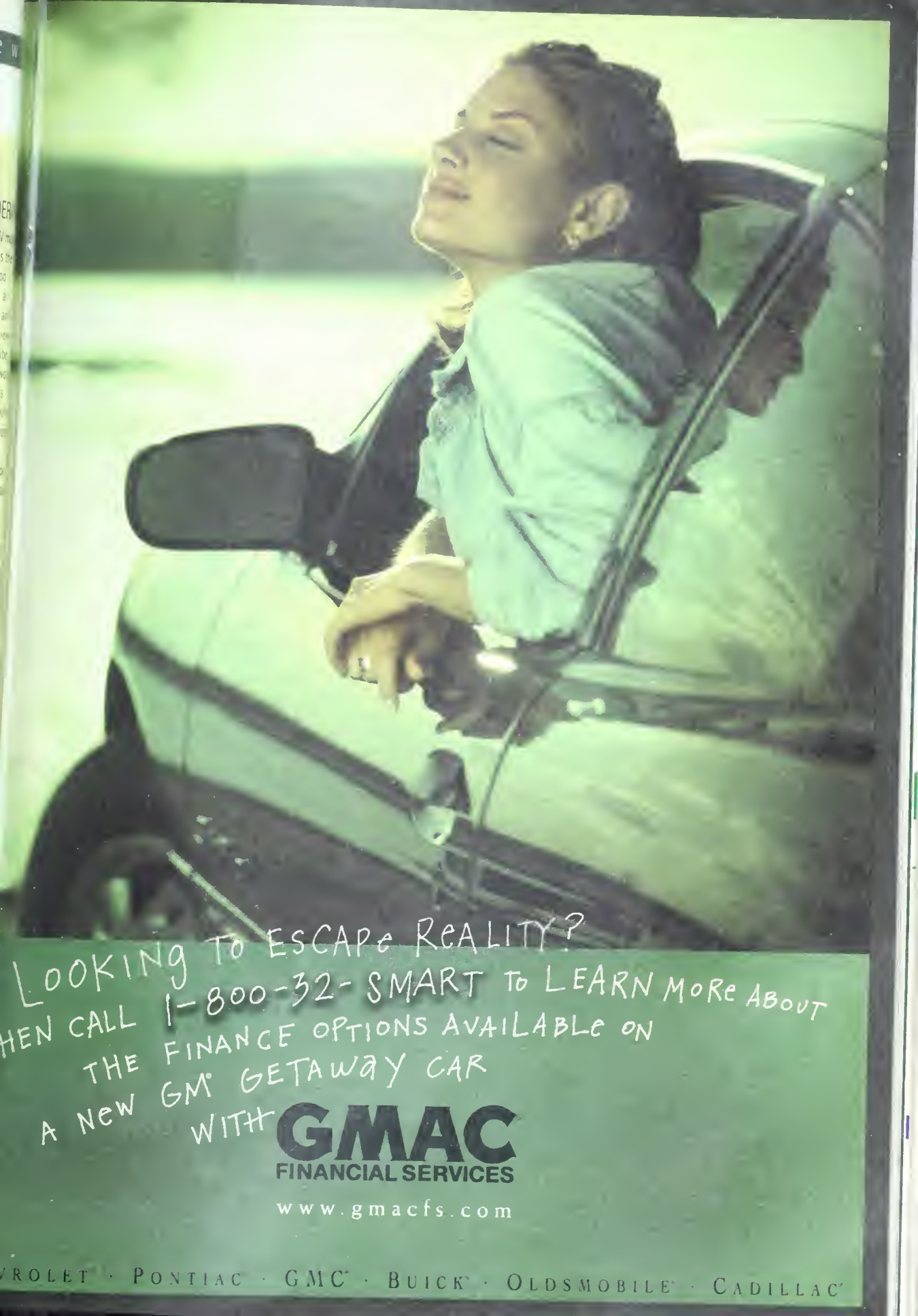
"I love Lisa Simpson [on The Simpsons]. She's such a great character—a brilliant little girl who can do everything, yet no one appreciates her and they think she's weird. I love that." —Jodie Foster

"My favorite was James Garner as Bret Maverick and [Jim] Rockford because he was an offbeat tough guy. He had an attitude."
—George Clooney

"I have always wanted to be Samantha on Bewitched, because she could do that thing with her nose. I always thought it would be great to have her magical powers."
—Geena Davis

"I watched Monty Python because I loved John Cleese. He played farce, and that's one of the things I love—and love to do. I'd watch John Cleese in anything."—Hugh Grant

"I liked Michael Landon as Little Joe on Bonanza—mostly because he was left-handed (as I am)."
—Denzel Washington


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CELEB PICK



BROOKE SHIELDS

Suddenly smooth and glowing: Brooke Shields gets her skin that way with Bare Escentuals Liquid Loofah. The grainy exfoliant skims off dead cells and reveals brighter skin. Two-for-one exfoliating tip: Remove from face with a washcloth and scrub elbows, knees and heels smooth, too. Normal skin can exfoliate three times a week; sensitive skin, just once.

ON-THE-GO MAKEUP:
it's in the bag

Keeping your use-every-day products together in a tiny makeup bag you toss in your tote streamlines your A.M. routine and makes midday touchups quick and easy. Sears T.i.m.e: The Instant Makeup Expert ($20) takes it one step further by coordinating seven most essential products (no more guessing whether your concealer will blend with your foundation) and packing them to go in a little blue bag.



NO PROBLEM:
shake the flakes

Finally, just because you're doing battle with dandruff doesn't mean you have to smell like a medicine chest. The newest antidandruff shampoos get rid of pesky flakes with a whiff of botanicals like iris and mulberry—while salicylic acid and pyrithione zinc fight the good fight. To try: Clairol Herbal Essences, Avon, Pantene and Neutrogena.


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They give us luscious lips, eyes wide open and nails that dry in an instant. Here, the top ten best beauty innovations of the year



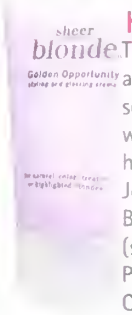
curling mascara

These new formulas create instant curl and set it for a wide-eyed look all day long. Revlon Everylash Curling Mascara (shown). Also try Maybelline Wonder Curl.



gel compact foundation

It's Makeup Lite: sheer coverage that glides on smooth, doesn't cake. Look for: Almay Foundation Compact Makeup (above), Awake Hydro-Touch Compact.



hair groomers

They add shine and volume, and seal in moisture without weighing hair down. Try John Frieda Sheer Blonde Creme (shown) and John Paul Mitchell The Cream.



long-wear moisturizing lipstick

Now infused with vitamins and super-emollient silicones, these [illegible]put sticks look and feel [illegible]. Stick on: Sears Circle of Beauty [illegible]works On and On Lasting Comfort Lipstick (shown), Maybelline HydraTime Extended-Wear Moisturizing Lipcolor.



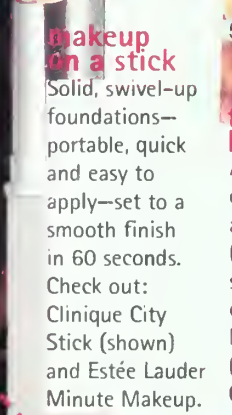
quickest-dry nail polish

Your right hand [illegible] before you can fi[illegible] polishing the left. Brush on: Naturis[illegible] Super Fast (show[illegible] Revlon Top Speed[illegible] Sally Hansen Colo[illegible]



treatment haircolor

At-home color enhances your h[illegible] and conditions (some plump strands with collagen, too). T[illegible] L'Oréal Féria (shown) and Clairol Revitaliq[illegible]



makeup on a stick

Solid, swivel-up foundations—portable, quick and easy to apply—set to a smooth finish in 60 seconds. Check out: Clinique City Stick (shown) and Estée Lauder Minute Makeup.



facial-cleansing tissues

A convenient new way to take it all off, these wipes remove makeup and dirt. Try Bioré Facial Cleansing Cloths (above), and Pond's Cleansing and Make-up Remover Towelettes.



heat-activated hair treatments

They turn the heat from the blow-dryer into a friend as they seal and protect the hair's cuticle. Look for Suave Thermal Formula Conditioner and Thermasilk Light Conditioning Mist.

vitamin C

C now gets an A for its ability to penetrate skin with wrinkle-smoothing benefits. Try Avon Anew Clearly C (shown) and Artistry Vitamin C + Wi[illegible] Yam Treatment.

What are YOUR FAVORITE BEAUTY BUYS? Visit LHJ Online at www.lhj.com/beauty and let us know which lipsticks, mascaras and nail polishes make your top-ten list. Also, check out our guide to the BEST HAIR PROS across the country and find out their secrets for great hair.


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How WARM Is It?

No matter what weather you're battling—from below-zero temps in the Northeast to chilly blasts in the South—these coats have got you covered

LIGHT

DENIM: A classic gets trendy in dark indigo. Believe it or not, wear with anything but jeans (Xhilaration by Target, $24.99). NYLON TOPPER: Hi-tech with a hood gives this water-resistant jacket A.M. to P.M. versatility (Nine West, $120). VEST: The perfect layering piece from November to April to wear with khakis (Old Navy, $34).



MEDIUM

SLICKER: Roomy fleece-lined weekender (Gap, $78). PEACOAT: Updated reversible black nylon/blue fleece peacoat has work and weekend personality (Liz Claiborne, $145). SWEATER-JACKET: This boiled-wool sweater-jacket can be worn alone or as an extra layer of warmth under a roomy coat (Gap, $59.50).



HEAVY

PUFFER: Down-filled with a polyfleece lining, this pretty pastel jacket keeps you warm, cozy and in style (Old Navy, $68). FAUX SHEARLING: A winter-white coat sharpens a basic black wardrobe (Herman Kay, $130). DOWN STORMER: Cuddly like a duvet, this jacket shields you in comfort from wind and low temps (London Fog, $170).





The winter white sweater. Cozy cowl neck. Lush cable knit.

FIXATED On Food

I've struggled with my weight since I was a teen. All I could ever think about was eating. But I finally learned to take control of my appetite—and my life

By Kat James



When I was in the eighth grade, my best friend and I began scribbling on our Levi's tags so no one would know we'd exceeded a twenty-seven-inch waist. A year later, I would have killed for twenty-nine.

By the time I was sixteen, I would buy every form of junk food after school: brownies, doughnuts, chips and dip, candy bars. I'd invite my best friend over, and we'd chow down until we were sick. Teaching up to nine ballet and modern jazz classes a week throughout high school probably kept me from becoming obese, but it didn't shake the power of my addiction to food.

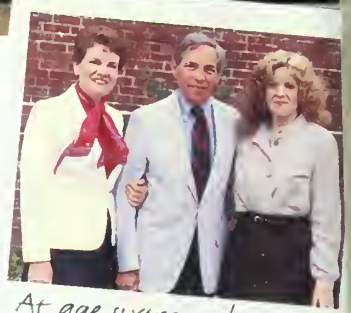
At one point, I shyly brought up my problem with my doctor. All he said was, "Stop eating bread." So I went to a diet clinic. I lost weight by measuring portions and going for weekly weigh-ins.

I had shed eighteen pounds with the diet plan when my sister held an engagement party for a friend at our house. I made my cream cheese sandwiches. I don't remember how many I ate, but my mother scolded me constantly during the party. A few days later, I was shocked by the scale reading at the diet clinic: I'd gained back half of what it had taken me two months to lose. Crushed, I quit the program. Soon after, I reached one hundred and seventy pounds. I was five-six.

When I was seventeen, I began to throw up after a binge. I remember making myself two strawberry shakes, throwing up, then moving on to something hard-core like nachos, chocolate, or even frosting out of the can. Sometimes I'd have some "real food" like macaroni and cheese, or perhaps a mountain of white rice. Then I'd throw up again. The word *bulimia* never crossed my mind.

Around the same time, I began to experiment with some amphetamines that were making the rounds at my high school. I loved how they made me feel constantly excited. I was too impatient to stay in one place (even to eat sometimes). I managed to drop thirty pounds. Eventually, though, the school caught the kid who was supplying my pills. Throwing up kept me from gaining, until my mom discovered what I was doing. She put the fear of God in me, and I never did it again.

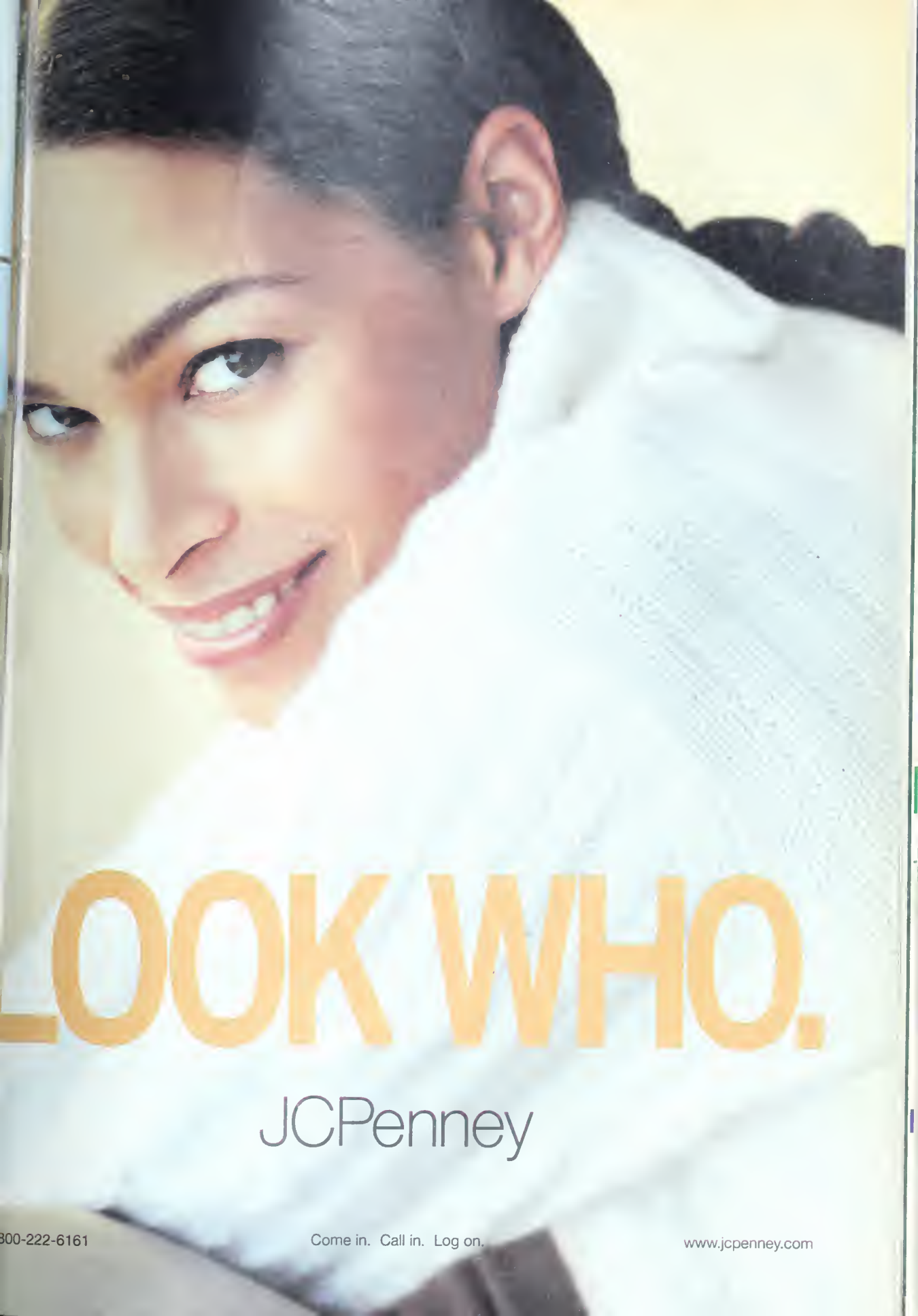
My weight yo-yoed drastically over the next few years, with twenty-, thirty-, even forty-pound *(continued)*



At age sixteen, the extra weight was starting to show



My biggest loss—40 pounds (left)—followed by an even bigger gain


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I bought my first bikini a couple of years ago and now, I actually look forward to summer

If I wasn't eating, I was thinking or reading about food

"I wanted to end a date so I could g home and eat in bed. I liked the guy, bu it was cheese popcorn I secretly craved

(continued) drops, when I'd starve myself. But even during the losses, the pull of food was irresistible at times. I remember wanting to end a date so I could go home and eat in bed. I liked the guy, but it was cheese popcorn I secretly craved.

The fall of my junior year in college, I returned to school slim, after losing forty pounds. I was hyped and ready to try out for the production of *A Chorus Line*. Every performer at the university must have auditioned. Two of us were left for the lead role. Finally I was going to nail it. This was an opportunity I'd fantasized about having "if only I were thin"—and now I was.

I lost the role. It was failure, without my weight as an excuse. I immediately started to gain the weight back.

After that, I dropped out of college and enrolled in beauty school. My sister, who was a physical therapist at the time in New York City, thought it was a practical thing for me to do. I'd been doing makeovers on friends and family since I was sixteen. The plan was that I would join her in New York after I finished and do hair and makeup professionally.

One of my sister's clients in New York knew two accomplished makeup artists whose connections led to an [illegible] first job opportunity with a [illegible] hairstylist. From there my [illegible] and soon I was landing [illegible] for magazine fashion [illegible] working with such celebrity [illegible] Cindy Crawford and Sarah Jessica [illegible]. My first years in the fashion world [illegible] particularly difficult. Being around skinny models made me feel embarrassed. Everything about me seemed wrong.

Ever the extremist, I went through a number of different phases over the next four years—vegan, fat-free, high protein—alternately bingeing and starving myself. If I wasn't crying over a binge or thinking about one, I was starting fresh, planning a new diet, reading a new self-help book.

"Why don't you eat less and exercise?" well-meaning friends would ask. But I was always hungry! I didn't know anyone who could understand what it was like to have my problem.

Eventually, I discovered some books that addressed certain emotional and family issues I had. I read about the healing power of self-expression and the destructive power of guilt.

For me, it was a matter of reading the right words at the right time. Every night, I would read or write in my journal until I found a phrase or concept that validated my feelings. I slept better and woke up happier.

I also began to pick up books on nutrition. One of the biggest revelations I had was after reading about blood sugar. My binges had me on a perpetual roller-coaster ride. Each one caused an over-secretion of insulin, followed by low blood sugar. My body would then demand another sugar fix. I had blamed emotional issues almost entirely for my binges, but I learned that my body also had a chemical dependency.

Meanwhile, my health was sufferin My binges were usually followed hiccups, heart palpitations and slee In the morning, I often had a pu face. Suddenly, though, I was passi some undigested material; my hea was pounding harder than ever and even more alarming—my vision wou be blurry the morning after a bing For my increasingly dry skin, I had slather on the heaviest creams. chewed antacids constantly for my u set stomach. And I could hardly climb flight of stairs. I finally decided to s a doctor who knew about nutrition.

Blood tests revealed seriously el vated liver enzymes, iron and zin deficiencies, a borderline yeast condi tion and low blood sugar. A liver spe cialist urged me to get a biopsy.

At twenty-four, I felt like my bod had started to break down. From tha moment, I just wanted to feel healthy I read up on the liver and repeatedl came across an herb called milk this tle, which studies showed was goo for the liver. I took it religiously fo three weeks. Amazingly, my enzyme returned to normal. Convinced of th power of supplements, I began incor porating more of them into my diet.

But I still binged. One night a few months after the liver problem cleared up, I went to bed after another binge with heart palpitations. I thought my heart would either jump out of my chest or stop altogether. I *(continued)*

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couldn't sleep, so I wrote in my journal, as I often did after a binge.

What am I getting out of this problem that could be worth the pain? What am I afraid of? Success? For years I had told myself my weight was holding me back. If I slimmed down and then failed to live up to my potential, I'd no longer have my all-purpose excuse. I would know that the problem was me. So that night I gave myself permission to be unsuccessful. *It's okay to fail!* I wrote.

After that, something just clicked. What I remember most was the profound sadness I felt as I looked at myself in the mirror the next morning. I didn't see the body I usually saw, a shameful eyesore. Rather, I saw a sad, defenseless body I suddenly loved and that I had put through years of abuse.

As the day progressed, I felt a sense of quiet, similar to the feeling you get after crying yourself to sleep. I was no longer compelled to binge. It was incredible. I simply ate what I wanted and for the first time truly tasted food, rather than just gobbling it down.

Initially, the weight loss was less evident to me than it was to my friends and family. "Must take incredible willpower," they would say. It was almost impossible to explain to them that there were really no "shoulds" in my head and that I was still eating what I wanted. I don't know how many pounds I lost, because I stopped looking at the scale. But I'm down about ten dress sizes from seven years ago.

I wanted my health back, and by all indications, I got it. Within days, I began feeling physically comfortable for the first time in years. And there were other bonuses as well: changes in my skin, my eyes and even the shape of my face. At thirty, I looked younger than I did when I was nineteen.

Since that night seven years ago, I've tried to understand what happened to me that resulted in such a profound physical and emotional change. I've learned that you can't rely on willpower to recover from an eating problem—that it takes much more than counting calories or working out. I didn't just lose weight—I transformed my life. ■



HOW I LOST MY OBSESSION WITH FOOD

These are the three main principles behind my weight l

Deal with your compulsion. This is the first step before a permanent weight loss can begin. Confront your family "legacies." Patterns, role mo and the food you were raise can all trigger eating proble At the same time, you must t responsibility for your proble The answer isn't to blame yourself, but to simply understand. Keeping a journa helps provide the insight that allows you to change your wa

Watch out for "If only I were thin, I could have everything." Not only is this idea unrealisti it's so threatening that it may prevent you from ever putting yourself to the test. Give yours permission to fail. This diffuse the power of a very deep-seat fear I believe every compulsive eater has: that your skinny bes still won't be good enough.

Listen to your body. Don't wai for a big crisis. Learn from th smaller ones that come before it. Or learn from mine.

For more information on my strategies, visit my Web site at *www.informedbeauty.com.*





Holiday makeup tips: Intense eyes exude holiday glamour. Use an eye pencil to line and define, then go over it with an eyeshadow brush dabbed in the same shade of eyeshadow. Apply a second coat of mascara while the first is still wet to avoid clumping. For a party-worthy pout, apply bold lip color, adding a dab of gloss in the center of lower lip. For more personalized makeup tips, visit a Merle Norman Cosmetic Studio today. For the Studio nearest you, or for franchise information, visit our website at www.merlenorman.com or call (800) 40-MERLE.

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PROFIT From An Aging World



What will happen as the baby boomers start to age? "Certain sectors will profit," says Peter G. Peterson, chairman of the Blackstone Group, a private investment bank, and author of *Gray Dawn: How the Coming Age Wave Will Transform America—and the World* (Times Books, 1999). Three industries he sees as most likely to boom are financial services, in particular, asset management; health care and the leisure industry. As the population shifts its investments from stocks to life insurance and annuities, gives up power drinks for eyeglasses and extreme sports for cruises, you might want to think about making some investment changes of your own. Peterson believes that ordinary investors have an edge over the pros since the growth of businesses that serve an older population will be a long-term trend: "Financial markets rarely take the long view," he says. At left are some top mutual-fund holdings that concentrate in the three sectors. —Michelle DeBlasi

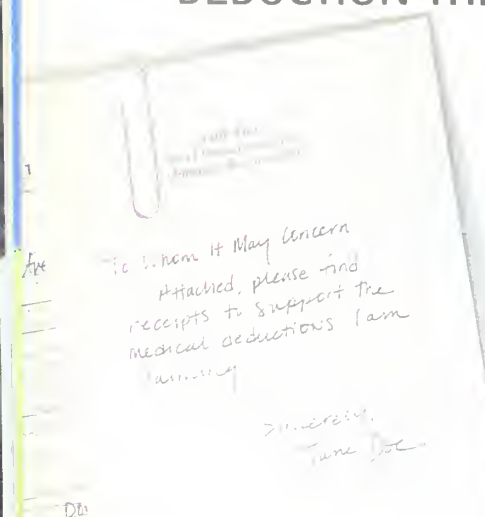
LEISURE
Time Warner, Comcast, McDonald's, Disney

FINANCIAL SERVICES
Citigroup, Bank One, BankAmerica, Chase Manhattan

HEALTH CARE
Warner-Lambert, Medtronic, Merck, Eli Lilly

SOURCE: MORNINGSTAR

Q. WHAT'S THE BEST WAY TO HANDLE A TAX DEDUCTION THE IRS MAY CHALLENGE?



A. Attach a note to your return, explaining it. If you're claiming an unusually big deductible expense in relation to your total income—something IRS computers are programmed to flag—you can often head off an audit by attaching extra information to your tax return. "If you had twenty thousand dollars in medical expenses, attach copies of the bills, and write *See receipts attached* where you take the deduction," advises Alan E. Weiner, senior tax partner at Holtz Rubenstein & Co., in Melville, New York. "Or if your deductions are the same as last year's, but your income is smaller because you were laid off, explain that in a note." The IRS computer may still flag your return, but it will then be examined by an IRS agent who'll see the explanation and may process the return without further question. —*Smart Questions to Ask Your Financial Advisers*, by Lynn Brenner

BENEFITS CHECKUP

Your most important financial asset probably isn't your home or your mutual-fund portfolio. It's your ability to earn a living, and disability insurance assures that you still have money coming in if you are injured and unable to work. If you're over twenty-one, you have a 1 in 7 chance of being disabled for five years or more before you're sixty-five. So it's worth it to check your benefits.

- **DO YOU HAVE LONG-TERM DISABILITY INSURANCE THROUGH YOUR EMPLOYER?** Only 22 percent of companies with fewer than one hundred employees offer this. If yours does, make sure the benefits replace at least 60 percent of your income.
- **REMEMBER THAT BENEFITS PAID BY YOUR EMPLOYER'S INSURER ARE TAXABLE.** Benefits from a policy you buy yourself are not.
- **IF YOUR SAVINGS CAN SUPPORT IT,** consider a policy with a 90-day waiting period. That will cut the price of coverage dramatically.
- **A GOOD POLICY** will cover you until you are sixty-five.

—Smarter Insurance Solutions, by Janet Bamford

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Falling in LOVE

The song goes, "All you need is love." But love comes in many different forms. Of course, there's the devotion we get from the person we choose to be our soul mate—but there's also the wonder and joy of parenting a child, or the love we feel in our souls when we believe that a Higher Power is guiding us. However we experience it, love has the ability to meet our deepest needs, as these stories demonstrate

By Cynthia Hanson

AT LONG LAST, LOVE

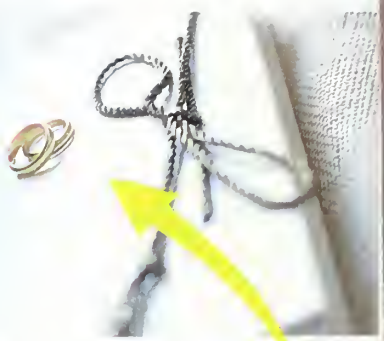
In the fall of 1975, Susan Kelle her and Tom Brady shared th same French class at Indian Hil High School, in Oakland, Ne Jersey. Tom was taken with th pretty, intelligent cheerleader, an Susan enjoyed Tom's quick w and down-to-earth attitude.

But the romance didn't last. A ter two months, Susan, a sopho more, decided that it was just to embarrassing to be seen aroun school with a mere freshman. " thought he was cute and nice, bu too young for me," Susan, nov thirty-nine, says with a chuckle So they broke up.

Both went into journalism— Susan became a TV reporter Tom, now thirty-eight, a newspa per editor. In 1995, Tom move to Manhattan to take an editin position at *The New York Times* While watching the news one night that summer, he did a double-take. Susan was now an on-camera reporter for a New York news show.

Two days later, Susan was at her desk when the phone rang She was speechless when she heard, "Susan? It's Tom Brady."

Tom hadn't changed; he wa still a smart, creative guy with a wry sense of humor. *(continued*



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continued "When I asked him, 'What's your job?' he said, 'I don't know what the hell I'm doing yet. I just started.'" Susan says. "Nobody in New York says that." The men she'd been dating seemed more interested in her "glamorous" job than in her. "I always wondered whether they liked me for me, or if they liked being seen with me," she says. "Talking to Tom was like a breath of fresh air."

On their first date, Tom showed up with champagne; after dinner, they sat on the roof of her apartment house and talked for hours. By the end of their second date—a poetry reading followed by dancing at a nightclub—Tom was smitten.

Susan was slower to realize that this was the real thing—until the couple vacationed in Costa Rica that winter and decided on the spur of the moment to explore the mountainous interior. "Tom drove us from one side of the country to the other on terrible roads," Susan says. "He found a place to stay every night. I thought, Nobody will ever take care of me like Tom does. I was just overcome with love."

In August 1997, Susan and Tom were married in a quaint chapel at a state park. Tom says, "If you had asked either one of us [illegible] go which [illegible] would be more if we would have only [illegible]."

And that [illegible] difference. Somehow, it just doesn't seem to matter anymore.



"As I watched her sleep, I thought, This child belongs with me"

BABY LOVE

Four years ago, Debra Lucente found herself sobbing hysterically on her way home from visiting her brother's family in Rhode Island. "I felt sorry for myself because I didn't have a child of my own," says Debra, an attorney from Oak Lawn, Illinois. "I'd had so much fun with my niece that I couldn't help thinking, You've been lying to yourself all these years, insisting that being a mother isn't important to you."

At thirty-eight, Debra had been more devoted to her career than to her social life. Now she was determined to be a mother even if it meant going it alone. It wouldn't be easy, however. Getting pregnant wasn't an option; she'd undergone a hysterectomy to treat uterine fibroids. Debra considered trying to adopt domestically, but doubted that a birth mother would choose an unmarried woman to raise her child.

Then, in fall 1995, two months after visiting her brother, Debra saw a local news report about a teacher who had adopted a baby girl from China. "If she could do it, I thought there had to be a way for me to do it, too," Debra says. With the support of family and friends, she embarked on a two-year adoption process, drawing on her savings and a donation from her parents to pay the $25,000 cost.

First, Debra contacted The Cradle, a Midwestern adoption agency. Advisers told her that single parents adopting in the U.S. are usually paired with older children who have special needs. China, on the other hand, allows unmarried women to adopt infants. The Cradle put Debra in touch with Maine Adoption Placement Service (MAPS), which facilitates overseas adoptions. MAPS guided her through the many steps it took to meet federal and state requirements.

In 1997, two months after her fortieth birthday, Debra finally received a two-page medical report on the baby girl who had been selected for her, along with a small photograph. Thirteen-month-old Shen Jie had been abandoned on a busy street hours after her birth. "I thought she was homely," Debra admits, but that first impression was quickly overridden by a flood of love.

In August 1997, Debra flew to Hong Kong with a group of adoptive parents and representatives from MAPS. In addition to baby supplies, she toted the adoption paperwork and $3,000 in cash—a mandatory donation to the orphanage in Hefei.

At long last, Debra was introduced to her new daughter at the hotel where she was staying. With head lice, pinkeye and a gigantic bug bite on her face, Shen Jie looked nothing like her photo. Months of lying in a crib had left her unable to sit up or crawl, and she weighed only nineteen pounds. "I thought, Oh my God, I have a child who is ill," Debra recalls. "I wondered whether I'd made a mistake."

But that night, as Debra watched the child she'd named Juliet fall asleep, she was overcome with emotion. All doubts about her daughter's health *(continued)*

HOW DID YOU FALL IN LOVE?
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continued

vanished. "I felt a love I'd never known before," she says softly. "I thought, She belongs with me."

Within weeks of arriving in her new home, Juliet's medical problems cleared up, and before long she was crawling, then walking and talking. Now three, Juliet is a happy, healthy and outgoing toddler. Despite their genetic differences, both she and her mother share interesting similarities: They're allergic to milk, they dislike sweets and love spaghetti sauce. As Debra says, "The person who matched us up was clairvoyant." For fun, they watch *Barney*, play house and eat picnic dinners on the living-room floor.

Motherhood has turned out to be everything Debra expected—and then some. "It's more work than I could have possibly dreamed," she says, laughing. "But no matter how difficult my day is, when I pick her up at day care, it's rejuvenating. The unconditional love that Juliet gives me is even better than I imagined. I was her destiny—and she was mine."

A HEAVENLY RELATIONSHIP

By the time she was twenty-seven, Wendy Fought appeared to have it all: a loving husband, a two-year-old son, a second baby on the way and a job managing a maternity store in Grand Rapids, Michigan. But nothing seemed to ease the deep emptiness she had lived with all her life.

Wendy thought her unsettled upbringing might be the reason: Her father committed suicide when she was four, and her mother moved the family seven times in three years. "I longed for the love of a father figure and a stable home," says Wendy, now thirty-six. "But I looked for love in the wrong places."

At thirteen, Wendy began having sex with a boy she was seeing, hoping to fill the void. When the loneliness persisted, she turned to drinking. In her junior year, Wendy tried to find peace through success. A straight-A student, she was elected senior class president, played basketball and joined the debate team. In college and at work, Wendy remained on the fast track. Along the way she married her high-school sweetheart, Chris Fought. "Every time I reached a personal or professional goal, I thought, This is it. I will feel content," Wendy recalls. "But it never came."

Then in the summer of 1989, a neighbor invited Chris and Wendy to



"God loves me and will always be with me"

a progressive dinner sponsored by a nondenominational Christian church. Though Wendy had no desire to be "religious," she liked the camaraderie of the young couples in the group.

Six months later, on a church retreat, as Wendy listened to a woman extol the wonders of God's love, her words struck a chord. "I desperately wanted that joy and peace," Wendy recalls. "The next day, sitting by the lake, I asked Christ into my heart, not knowing what it really meant. Immediately, though, Wendy felt that sense of peace and love that had eluded her for so long.

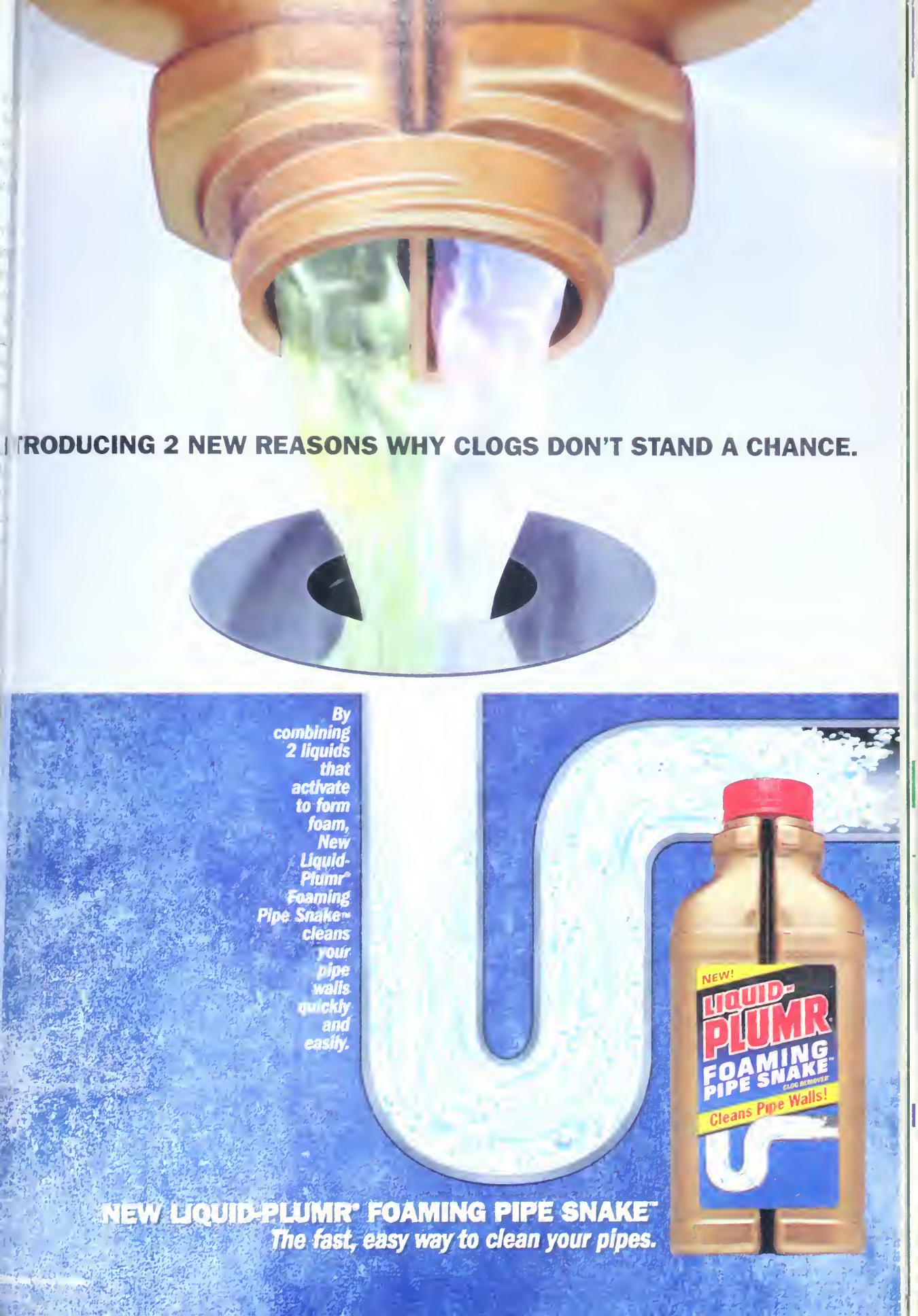
For the past ten years, Wendy has been on a journey of spiritual growth, focusing her attention on learning about God and growing closer to Him. To that end, she and Chris, a banker, read the Bible daily and attend church services on Sunday. Wendy also belongs to a women's prayer group.

"You'll hear people say that lightning struck when they accepted God," says Wendy, now the director of a program that travels to local schools promoting sexual abstinence. "It didn't happen that way for me. Instead, it was a learning process. I've grown in my relationship with God the same way you'd grow with a friend. You get to know each other, you spend time together, you develop trust. I've learned that God's love is constant, and that He always has my good in mind even when I don't understand what's happening at the time."

Wendy's spiritual commitment has given her a satisfaction that nothing else in her life can provide—not work, marriage or motherhood. Fortunately, Chris understands that feeling, because God is his priority, too. "When we are both loving the Lord first, we're growing closer in our marriage," Wendy explains.

"It's the security of knowing that God loves me and has a place in heaven for me," she adds. "I know that even when I make mistakes, God isn't going to abandon me." ■

Cynthia Hanson, a contributing editor to Chicago magazine, frequently writes for Ladies' Home Journal.


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Ode to **BARBIE**

My daughters loved this blond, buxom, rhinestone-sporting model of femininity—and that's just fine with me

By Jane Smiley

For my daughter's sixteenth birthday, my six-year-old son wanted to give her a Barbie. I gently guided him toward the Rapunzel Barbie, whose hair was so long that her head was cocked backward on her neck, or the Birthday Wishes Barbie, in a massive organdy skirt. The one he finally chose was Baywatch Barbie. Okay, she had a dolphin with her. I am willing to admit that that might have been the draw. But you know, Barbies are all right with me. I may have had more Barbies pass through my house than anyone. I like to think so.

I was slightly too old for Barbie myself when they first came out in 1959—I was more of a stuffed-animal girl, anyway—so my first real Barbie experience came when my now–twenty-year-old daughter was three. My First Barbie came home, and was disrobed. The clothes were lost. I spent the required amount of time deploring Barbie's proportions and coloring and the fact that her feet can wear only high heels. Barbie could not have been shaped more differently from me, or have a more different *weltanschauung* from mine, but, hey, here she came with all her stuff.

The one I still remember most fondly was Twirly Curls Barbie. Like Rapunzel Barbie, Twirly Curls Barbie had a serious neck problem because of the weight of her hair. But she came with an intriguing pink-and-cream machine that attached to the ends of a couple of hanks of hair and twisted them together in a chignon. The catch was that the hair had to be neatly combed for the machine to work, an impossible task for a four-year-old, so I spent a lot of time combing the doll until I gave up. My daughters were not in the habit of shaving their Barbies' heads, but they could have. It's a good idea.

Both my girls went through periods where they would wear only pink and purple. I chalk this up to the Barbie influence. Both of them learned how to put on makeup before kindergarten. Lucy could apply lipstick with her eyes closed by the time she was five.

I don't wear makeup. Nor do I have any gowns, bikinis, pink high heels, floral accessories or feminine furniture (like a dressing table or a pink chaise longue). There are no blonds in my family. I could never wear short shorts or feather boas or halter tops. In other words, if my daughters *(continued)*

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Switched careers in her mid-40's.

orresponds with her college kids by E-mail.

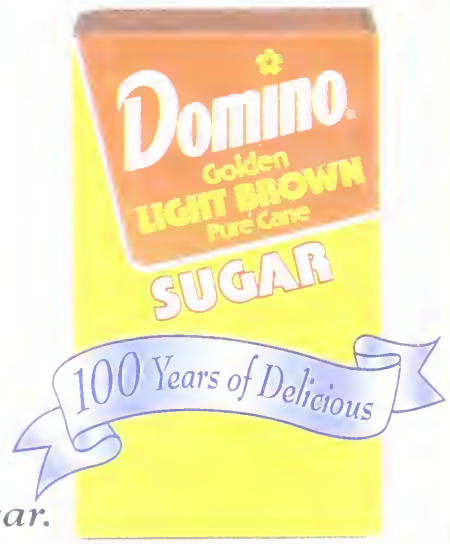
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ODE TO BARBIE

Continued

were to learn certain Hollywood-inspired essentials of American womanhood, it wasn't going to be from me, but from Barbie.

And so the Barbies came through the house in a flood. And I am here to tell you that Doctor Barbie was not one of them. Frilly, sexy, pink, purple, bedizened and bejeweled were the preferred Barbies at my house, the more rhinestones the better. We had dozens, because, frankly, Barbies are cheap in more ways than one. My daughters had three mothers: me; their stepmother, who was not unlike me stylistically; and Barbie.

A friend of mine (male) maintains that Barbies have such staying power because they are the only affordable, available, and children can completely control them as they [illegible] other adults in their lives. But I think girls like Barbie because through her they can try on a no-holds-barred [illegible] lops out model of femininity, and that is something they need to do, especially if their own mothers are more androgynous-looking and sober-dressing than Barbie can be. The more a girl is drawn to Barbie, the less she should be deprived of her, no matter what the child's mother's own values are. Longing is more likely to breed attachment than satisfaction is.

Finally, after seventeen years, the Barbies in my house went the way of all flesh. In their last year with us, they were subject to any number of tragic narratives, at least partly inspired by that disguised Barbie literature, *Sweet Valley High*. I discovered the older girls showing the younger girls how to bandage the Barbies with toilet paper (gruesomely decorated with red nail polish) when they happened to get into alcohol-related car crashes with Ken.

My older daughter wandered in the land of Barbie for many years—after all, Nancy Drew is a Barbie; Elizabeth and Jessica, the *Sweet Valley High* twins, are Barbies; Cinderella, Sleeping Beauty, and Beauty of *Beauty and the Beast* all are Barbies. The prettiest girl in school, always a blond, or so it seems, is a Barbie, too. All the babes on TV and in the movies are Barbies. A girl has to have a Barbie doll in order to decide whether she herself wants to be a Barbie.

On one hand, she has the ever-present mom, who is wearing jeans, cutting her hair ever shorter, getting glasses at forty if not sooner, driving a dark-colored sedan, going to work, cleaning the house, or, worse, espousing all kinds of selfless values of hard work, charity, civic virtue, environmental responsibility.

On the other hand, she has the ever-present Barbie, a tireless consumer whose favorite color is pink, whose jeans are much harder to get on her than her ballet tutu, whose hair requires constant care, and who has more high heels than any Lady of the Philippines who ever lived. Barbie represents, in every



Bathing beauty

"Barbie represents, in every way, getting what you want when you want it, no matter who objects"

g what you want when you
, no matter who objects.
after she stopped reading *Sweet*
High and passed her Barbies
o her younger sister, my older daughter changed her views on her future. No longer did she plan to be a fashion consultant or a Hollywood movie star. No longer did beauty school attract her. She began to read authors like Sandra Cisneros and books like *Our Bodies, Ourselves*. She began her collection of all the works of U2, a band Barbie would never understand. She became socially conscious. She got to be the editor of her high school newspaper, not because it was a status position, but because she had views she wanted to air on homophobia, the environment and women's rights.

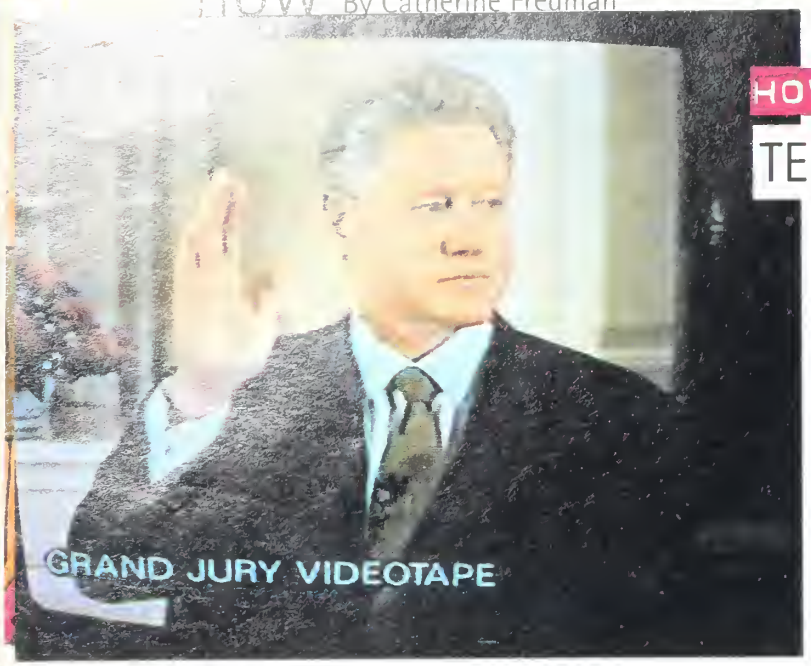
Now she is planning to go to graduate school and law school and become an expert on women's health issues, perhaps adolescent health issues like anorexia and bulimia. She can go on for hours about women's preoccupation with appearance and self-image. Barbie should be proud. My daughter wouldn't have gotten here without her.

Have we ever known a Barbie who, in the end, was cherished? I don't think so. More than all the other dolls in the toy box, perhaps because she isn't cuddly or sweet, Barbie is meant to be fiddled with, thought about, manipulated, done to. All of this aids in a girl's making up her mind about who she is and what she wants. That Barbie is a genius. ■

Jane Smiley is the author of nine novels, including "A Thousand Acres" (Knopf, 1991), "Moo" (Knopf, 1995), and "The All-True Travels and Adventures of Lidie Newton" (Knopf, 1998).



Life goes fast. Savor the slow stuff.



HOW TO TELL IF SOMEONE IS LYIN

Whether you're dealing with a prevaricating plumber, a less-than-straightforward lover or a case of internatio bank fraud, deception is deception, says Don Rabon, training manager for the Investigation Center of the North Carolina Justice Academy. The deception detecti techniques that he teaches to the U.S. Secret Service, t FBI and others can be boiled down to this: "Listen to what people are saying and how they're saying it." The look for shifts in their behavior in the following areas:

VERBAL CHANGES: Deceptive individuals tend to los the ability to commit to their narrative. Modifiers anc qualifiers like "sort of," "kind of," "mainly" and "mostl start to flow into their vocabulary. "Liars have to remember details, so they tend to generalize," says Rabo

VOCAL CHANGES: Tune up your radar if you hear a l of back-channeling or a switch from words to sounds like "uhhh," "umm" or "y'know" as the person tries to in suspicious silences. Look also for a delay in respons when the time gap between your asking a question an getting an answer widens to a grand canyon.

NONVERBAL CHANGES: These involve what Rabon calls "stress shifts." Deception causes stress, which ha to be dissipated from the body by crossing the legs or arms, tapping the feet or fidgeting in some way.

HOW TO CARVE A TURKEY

Dismantle this year's bird with the help of Abigail Kirsch, caterer and chef at New York City's Abigail Kirsch Culinary Productions. Let the turkey sit for twenty minutes before carving so it reaches its flavorful best. Then, follow these easy steps:



STEP 1 Place the bird on a carving board, breast side up; hold it firmly with a fork. Slice between the thigh and the end of the breastbone to remove the leg and thigh. Remove the drumstick. Carve slices from the thigh and arrange on a platter. Cover with foil to keep warm.

STEP 2 Slice through the wing joint, then cut horizontally under the breast until your knife hits the breastbone. Then, cut down along the side of the breastbone to remove the entire breast.





STEP 3 Slice up the breast and add the meat to the serving platter. Turn the bird around and repeat steps on the other side. Of course, remember to add the drippings to the gravy to give it that rich turkey taste. And finally, dig in!



HOW TO APPLY LIPSTICI WITHOUT A MIRROR

Avoid an off-kilter sideswipe with these tips from celebrity makeup artist Mary Greenwell:

1 Using a fingertip on the non-lipstick-wielding hand as a guide, position the tip of the lipstick on the center of your mouth's bow.

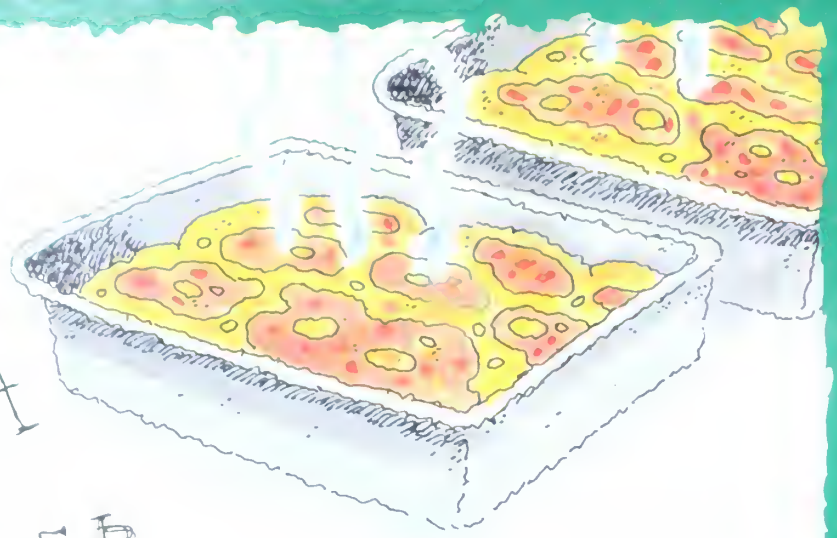
2 Draw half heart from the bow t the edge your mout At the san time, trac the top lin of your lip with your fingertip t shield fror wobbles.



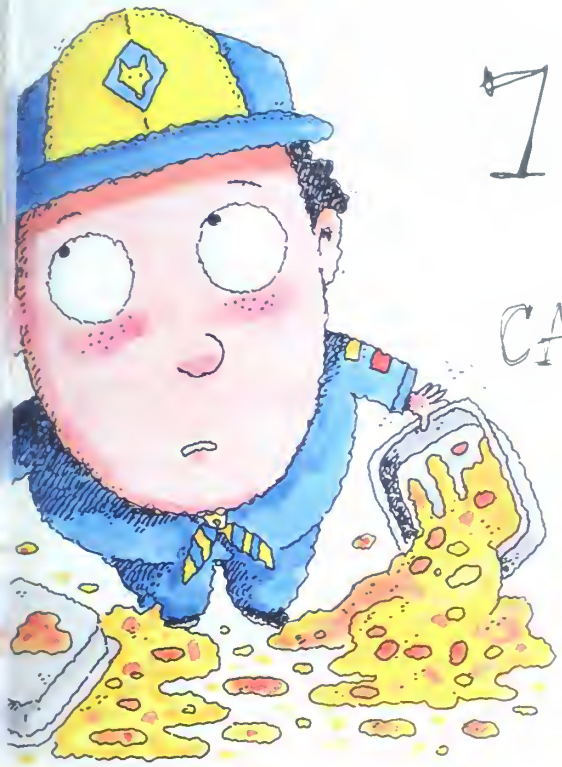
3 Use the same fingerti to mark the center of your lower lip and to use as your guide.

4 Sweep the color to each corner of your mouth. Don't rub your lips together; you'll only smear the color.

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Like MOTHER, Like DAUGHTER



Tipper Gore and her daughter Karenna talk about the new man in their lives—and revel in the joys of motherhood

By Diana McLellan

"All of those fireworks were for him!" jokes Tipper Gore, recalling the July 4 birth of her first grandchild. She nuzzles young Wyatt Schiff, and beams at his mom—her daughter, Karenna Gore Schiff.

"I *love* being a grandma," says Tipper, fifty-one. "Caring for this new life. And this profound emotional component—feeling that your roots are spreading into the next generation, it makes you feel so grounded."

Karenna, twenty-six, gazes tenderly at her son. Hip, slender and athletic, she is a third-year law student at Columbia University, in New York. In 1997, two years after getting her undergraduate degree from Harvard, she married Andrew (Drew) Schiff, M.D., age thirty-four, an internist and a descendant of nineteenth-century banker Jacob Schiff, once one of the richest men in the U.S. Karenna's down-to-earth manner holds no hint that she, Drew and Wyatt live in a $2... million duplex in New York City.

But now, all she can think and talk about is motherhood. "I went into labor July third around midnight. I thought about calling my parents right then," she confides, "but I waited until about six in the morning. And they got there forty-five minutes after Wyatt was born, after a ten-hour labor."

At the hospital, Tipper and her husband, Al, were delighted to see that the newborn was the spitting image of Karenna as an infant. "I grabbed her baby pictures the next time I came to visit, to show how much they looked alike," says Tipper.

Mother and daughter both say that Wyatt's birth has deepened the bond between them. "Having a baby gives you such a lot in common to talk about," says Karenna. "There's a whole world of things I never knew about. I have so much empathy for my mom now. I mean, this is an overwhelming life transformation! After a few months with just one, I think about her with four kids, doing it all largely by herself."

Tipper, who knows well how exhausting new motherhood can be, urged her energetic daughter to take it easy after Wyatt's birth. But Karenna admits she overdid it at first. "I don't know if crash is too strong a word, but I finally figured I'd better take my mom's advice," she says. "My younger sister Kristin has been staying with me. She has just graduated from college, so she's been *(continued)*

Tipper and daughter Karenna say baby Wyatt has deepened the bond between them. "I have so much empathy for my mom now," says Karenna. "After a few months with just one, I think about her with four kids, doing it all largely by herself"

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"I was rebellious," Karenna admits. "I had a rocky adolescence." But "I learned from my mom the importance of conversation—to always have a dialogue with your kids"

(continued) here to baby-sit. It's great because I get a few extra hours of sleep."

Being a mom, Karenna confesses, is "the hardest job—totally exhausting. Drew and I talk about things we want to do, like go on a safari. I say, 'Maybe we'll do it in fifteen years!'" She laughs, then turns serious. "I could never have known how emotionally rewarding those moments with the baby are, when you're just looking at him, and feel how powerful that connection is. I wasn't prepared for it."

Has she turned to Dr. Spock or any other parenting expert for guidance? "No. I read obsessively about pregnancy—I was neurotic about it," says Karenna. "And then I had total backlash after I had the baby. I haven't read anything about what comes next. I'm going by instinct. I also didn't want to be thinking, By three weeks he should be doing this, and by two months, that."

She favors her mother's child-rearing advice. "Consistency and unconditional love," says Tipper, are the most important things. "And that adults with parenting duties *talk* about how they're going to raise the child, and agree on what's important in terms of discipline. That early bonding and attachment between both parents and the infant is extremely important, too. My husband saved up his time off when he was a young newspaper reporter so he could be there with me for Karenna's birth. That was all very new then; we had to look for a hospital and a doctor who would support us. But we felt strongly about it. And Karenna and Drew did the same thing."





Above, Tipper and two-year-old daughter Karenna in 1976; right, a Gore family celebration in 1987

Drew, Karenna says, is a hands-on daddy. "As a physician, he's really into bodily fluids and the baby's emissions." She laughs delightedly. "He's very pleased about changing diapers and burping [Wyatt]—he's not at all squeamish."

Karenna says she's nursing "for at least six months." Her mother nods approvingly. "I'm a great proponent of breastfeeding," says Tipper. "It helps the mother's body get back in shape, helps the uterus contract."

"It's a wonderful bonding thing too," says Karenna.

"Yes, that little cry when you've just gone to sleep," teases Tipper.

Mom and daughter exchange knowing smiles.

THE DIFFICULT YEARS

Tipper and Karenna's relationship wasn't always this easy and relaxed. "I was rebellious," Karenna admits. "There were definitely difficult times. I had a rocky adolescence."

Looking back on those years, she says, "I learned from my mom the importance of conversation. When there were arguments, both my parents were always willing to listen and talk it out. I think the most important thing I learned is to always have a dialogue with your kids."

Karenna's rebel years hit at a bad time in her mother's life in the late eighties. Tipper's campaign to protect kids from violent and offensive rock lyrics and her 1987 book, *Raising PG Kids in an X-Rated Society*, were considered a threat to Al's political future. Critics accused her of censorship, and Al's advisers begged him to "rein her in."

But the worst was yet to come. In April 1989, then-six-year-old Albert III, the Gores' youngest child, was hit by a car and seriously injured. He suffered from crushed internal organs and multiple fractures. When he came home from the hospital nearly a month later in a full-body cast, the Gore household was in crisis. After family counseling, Karenna, Kristin, now twenty-two, and Sarah, now twenty, helped their parents care for Albert twenty-four hours a day.

"The whole *(continued on page 60)*


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family came together," says Tipper. "The girls figured out how to work together."

But the trauma seemed to drain Tipper of her joy. Friends described her as "beaten down."

Tipper suspected she was clinically depressed. It was a condition she'd seen up-close and personal as a child, when her own mother was hospitalized for serious bouts of depression. Partly because of that, she'd studied mental health in college, going on to earn her master's degree.

When she told her husband and children that she needed help, "everybody was supportive," she says. But shame, silence and stigma have always surrounded mental illness. Today, Tipper still seems to feel this way. Even though she heads the White House campaign on mental health, she sidesteps any specifics about her symptoms or treatment.

"There's a clinical checklist for depression," she says carefully. "It includes changes in eating and sleeping patterns, changes in behavior, becoming withdrawn. Generally speaking, if several of those things apply to you for more than two weeks at a time, it's recommended that you consult a mental-health professional."

Given her mother's history with the illness, does Tipper believe depression might have a hereditary component?

"I don't think the studies are definitive enough on that yet," she says. "But we're closer to scientific knowledge of genetic markers for all kinds of illnesses—cancer, diabetes, Parkinson's and many psychological disorders."

Today her mother, Margaret Atcheson, is "doing very well, thank you," Tipper says guardedly. Mother and daughter are close. Atcheson lives on the grounds of the Vice President's residence, in Washington, D.C.

"She's thrilled [to be a great-grandmother]—she just loves to hold the baby," says Tipper. "We took a picture of all four generations."

TIPPER SPEAKS OUT

ON HILLARY CLINTON'S LIKELY CAMPAIGN FOR THE SENATE: "I'm for whatever makes her happy. I'm a friend, and I support her, and I want to see her pursue what she wants to pursue. And we want more people to offer themselves for public service!"

ON WHY HER HUSBAND SHOULD BE PRESIDENT: "His innovative, energetic vision of the future, his achievements during sixteen years in Congress and two terms as vice president, his service in the Vietnam War, his commitment to public service, his concern for the global environment, the economy, health care, women's rights . . . and don't forget, this next President might have to nominate as many as three Supreme Court justices—an extremely important issue for many people. It is for me."

ON WHAT SHE'D DO AS FIRST LADY: "I'd pursue available and accessible mental-health care, [and] try to help deal with poverty and homelessness. And for poor women, with the lack of low-income housing and with domestic violence, where can they go when they leave an abusive situation? They need support and shelter, and a place to put their lives back together. Also, I've been interested for a long time in the status of women and pay-equity issues."

ON HOW HER LIFE HAS CHANGED SINCE SHE TALKED PUBLICLY ABOUT HER OWN DEPRESSION: "People from all walks of life come up to me—a flight attendant on a plane, a man at a party—and say, 'I was depressed, or someone in my family was—thank you for making it all right.'" —D.M.

CHILDHOOD, PAST AND FUTURE

As she cuddles Wyatt, Tipper talks about her own growing-up years. "My mother was an accountant, and she arrived home at six P.M. every day," she recalls. Her parents divorced when she was four, and her grandmother became the family mainstay, caring for Tipper after school and when her mother was hospitalized for depression.

"When my father remarried, I lived with my mother's parents," Tipper says. "My grandfather died when I was nine; that left three generations of women living together—my grandmother, my mother and me."

"[My great-grandmother] died when I was about fourteen," Karenna recalls. "She was born in 1899—which I thought was so cool. And here's Wyatt, born in 1999. For his grandchildren the nineteen-hundreds will be 'that ancient century.'"

In the new millennium, Karenna thinks that raising children will present new challenges. "There are different kinds of forces to contend with as a parent—there's the computer and the Internet," she says. "It's probably unrealistic to think that you can block out things in the culture completely, even though it's good to give families the tools to do that. I guess the trouble he'll get into will be in areas that weren't even invented when I was little! But I think that the values I was raised with are really quite solid, and I definitely would not change that."

What does she want most for her son? "What I really wish for him is that he'll be happy," Karenna says, her finger wrapped in Wyatt's tiny hand. "No matter if he's not one of the ten most talented or smartest. I wish for him to have a lot of love, and to be happy."

Her mother smiles. She couldn't have said it better herself. ■

Diana McLellan is a contributing editor to Ladies' Home Journal.

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How Well Do You Know Your TEEN?

From stress to sex, today's teens have a lot on their minds. Are parents in touch? Here, four parent-child pairs put their relationships to the test By Michele Bender



You sleep under the same roof and sit at the same breakfast table. But do you *really* know your teenager—his or her hopes, dreams and frustrations? To find out, we challenged four sets of parents and teens to answer a series of questions. We interviewed them separately, asking the adults to guess how their child would respond, then compared notes later. The results may surprise you.



Nancy (left) didn't know that Grace had cheated on a test.

A MATTER OF TRUST

Mother: Nancy Robinson, 45, promotions manager

Daughter: Grace Robinson Leo, 13, eighth-grader

HOMETOWN: Minneapolis, Minnesota

1. What stresses you out the most?

Nancy: Any situation where Grace isn't sure what to expect, such as the first day of a new class.

Grace: Getting good grades.

2. Whom do you admire most?

Nancy: I don't know how Grace would respond to that question.

Grace: My mom's friend, Janet, because she's so successful at her job that her boss let her move to Minneapolis, work at home and drive a company car.

3. What's the hardest part about being a teen today?

Nancy: Adults often don't trust teens to make decisions about what's best for them.

Grace: You're not treated as an adult.

4. Do you think it's okay for teens to drink alcohol or use drugs? Smoke cigarettes?

Nancy: She wouldn't say drinking is okay, because the rare times she sees my husband and me drink, she says, "Does this mean you can't walk now?" And she thinks smoking is unhealthy.

Grace: No, because I've seen a lot of my friends do stupid things when they drink or use drugs. Also, I don't think it's okay to smoke because it's so awful for you.

5. Have you ever cheated on a test?

Nancy: No, I don't think she has because she doesn't need to.

Grace: Yes, but not on important tests.

COMPARING NOTES

Nancy: I was surprised that doing well in school stresses out Grace. And I wasn't overjoyed to hear that she's cheated on a test. But I was relieved to hear her answers about alcohol and drugs. They make me feel confident that she can make the right choices. *(continued)*

the dishes can wait.



happy thanksgiving Cascade®

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DO YOU KNOW YOUR TEEN?

Grace: I agree with my mom's answer to the question about the hardest part about being a teen today. My parents treat me like I'm old enough to handle adult responsibilities—doing my own laundry, for instance—but they won't let me stay out later than eleven P.M.

A SPECIAL BOND

Father: Fred Hollander, 41, computer programmer

Daughter: Jenifer Hollander, 15, tenth-grader



HOMETOWN: Nashua, New Hampshire

1. What's your favorite thing to do with your friends?

Fred: Talking about boys and music.

Jenifer: Going to the mall and watching movies.

2. Whom do you admire most?

Fred: I'm not sure, but I'd guess Ricky Martin, because she idolizes him.

Jenifer: My dad, because he spends so much time with me and my brother and sister [he's a widower].

3. What's one of the biggest issues you and your friends face?

Fred: Having too much homework.

Jenifer: Stress. There's a lot of pressure to get good grades. A few of my friends' parents are really hard on them if they don't do well, and some of them have started cheating.

4. At what age do you think it's okay to have sex?

Fred: I know it's after high school, because we've discussed

Jenifer: I'd say sixteen or seventeen But I'm probably going to wait long because I think when you're young you don't really appreciate what a b deal sex is. And someday you might look back and wonder, "Why didn' wait?" I don't want to regret it.

5. What's the hardest thing to talk t your dad about?

Fred: Probably sex.

Jenifer: Nothing, really. I can talk t him about anything.

COMPARING NOTES

Fred: It's really flattering that Jenifer admires me. I thought she might say that, because she's told me that she appreciates my heavy burden [raising three kids alone]. But I was a little shocked to hear that some of her friends are so stressed about getting good grades that they're cheating.

Jenifer: I agree with my dad that sometimes it's hard to talk about sex, but I know if I really needed to, I would feel comfortable going to him

IOTHER, LIKE SON

: Lisa Studtmann, 41, owns a
onal-organizing business
n Studtmann, 17, eleventh-

TOWN: Houston, Texas

t's your dream job?

n wants to be a rock star—
ally, the world's most famous
rock star.

at's the hardest part about being oday?

eens have their own ideas about
ey want to do, but they're
l off against adults who have
deas about what's best for them.
ime management. Teens have a
ng on with classes, work, sports,
and other activities.

what age do you think it's okay to ex?

le would probably say sometime
ege
f two people are in love, then
ay. Maturity is more important
ge.

hat's your least favorite rule that arents have?

Lisa: His curfew. Which is midnight on weekends and subject to its being arbitrary on school nights.

Jon: In the summer, they always want me home early on weeknights. My dad has to get up early in the morning, and my parents claim they can't go to sleep until I get home. I don't understand that.

5. How close are you to your parents?

Lisa: I'd say he's medium-close to me. And medium-high close to his father.

Jon: I'm equally close to both of my parents. My mom and I are probably a lot closer than we think because our personalities are very similar. So sometimes we get along, other times we clash.

6. Is it okay for a teen to drink alcohol or use drugs? Smoke cigarettes?

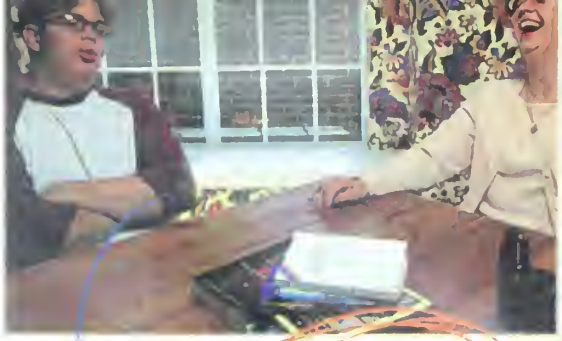
Lisa: He'd probably say it's a personal choice.

Jon: If teens do it responsibly—at home and in moderation—then it's okay.

7. Have you ever cheated on a test?

Lisa: He probably hasn't, because he's a good student.

Jon: Yes. *Everyone* has.



Jon objects to his weeknight curfew in the summer

COMPARING NOTES

Lisa: I thought Jon's answer about when it's okay to have sex is interesting. At first, I was surprised about his answer to the cheating question. But it didn't upset me, because it made me remember the time I cheated.

Jon: I liked my mom's answer to the question about the hardest part of being a teen. I do run into problems with my dream of being a *(continued on page 69)*

The ADVANTAGE coming out.



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What will you do on t

Discover what millions have turned to for arthritis pain relief.

Celebrex delivers powerful 24-hour relief of your arthritis pain and inflammation day and night. By effectively reducing pain, inflammation and stiffness, Celebrex can help you through the day with activities like standing, walking or climbing stairs and through the night while in bed. Millions of Celebrex prescriptions have been written this year, making it the #1 brand of prescription arthritis medication.

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This information cannot replace your doctor's advice. Only your doctor can assess the benefits and risks to decide if Celebrex is right for you.

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9 Searle A99CE17512T

Please see following page for important product information.

SEARLE Pfizer

BRIEF SUMMARY—CELEBREX™ (celecoxib capsules)

[illegible] SAGE

[illegible] of RA in adults

CONTRAINDICATIONS

[illegible] known hypersensitivity to celecoxib CELEBREX [illegible] demonstrated allergic type reactions to sulfonamides [illegible] patients who have experienced asthma, urticaria, or allergic-[illegible] other NSAIDs. Severe, rarely fatal, anaphylactic-like reactions [illegible] such patients (see WARNINGS—Anaphylactoid Reactions, and PRECAUTIONS—Preexisting Asthma).

WARNINGS

Gastrointestinal (GI) Effects—Risk of GI Ulceration, Bleeding, and Perforation: Serious GI toxicity such as bleeding, ulceration and perforation of the stomach, small intestine or large intestine, can occur at any time, with or without warning symptoms, in patients treated with NSAIDs. Minor upper GI problems, such as dyspepsia, are common and may also occur at any time during NSAID therapy. Therefore, physicians and patients should remain alert for ulceration and bleeding, even in the absence of previous GI tract symptoms. Patients should be informed about the signs and/or symptoms of serious GI toxicity and what steps to take if they occur. Only 1/5 patients who develop a serious upper GI adverse event on NSAID therapy is symptomatic. Upper GI ulcers, gross bleeding or perforation caused by NSAIDs appear to occur in approximately 1% of patients treated for 3–6 months, and in about 2–4 % of patients treated for one year. These trends continue, thus increasing the likelihood of developing a serious GI event at some time during the course of therapy. However, even short-term therapy is not without risk. It is unclear, at the present time, how the above rates relate to CELEBREX (see CLINICAL STUDIES—Special Studies in the complete prescribing information). Among 5,2[illegible]5 patients who received CELEBREX in controlled clinical trials of 1 to 6 months' duration, and one 12 month trial (and three 3 month studies) at a daily dose of 200 mg or more, 2 (0.04%) experienced symptomatic upper GI bleeding, at 14 and 22 days after initiation of dosing. Approximately 40% of these 5,285 patients were in studies that required them to be free of ulcers by endoscopy at study entry. Thus it is unclear if this study population is representative of the general population. Prospective long-term studies required to compare the incidence of serious, clinically significant upper GI adverse events in patients taking CELEBREX vs comparator NSAID products have not been performed. NSAIDs should be prescribed with extreme caution in patients with a prior history of ulcer disease or GI bleeding. Most spontaneous reports of fatal GI events are in elderly or debilitated patients and therefore special care should be taken in treating this population. **To minimize the potential risk for an adverse GI event, the lowest effective dose should be used for the shortest possible duration**. For high risk patients, alternate therapies that do not involve NSAIDs should be considered. Studies have shown that patients with a *prior history of peptic ulcer disease and/or GI bleeding* and who use NSAIDs, have a greater than 10-fold higher risk for developing a GI bleed than patients with neither of these risk factors. In addition to a past history of ulcer disease, pharmacoepidemiological studies have identified several other co-therapies or co-morbid conditions that may increase the risk for GI bleeding such as: treatment with oral corticosteroids, treatment with anticoagulants, longer duration of NSAID therapy, smoking, alcoholism, older age, and poor general health status.

Anaphylactoid Reactions: Anaphylactoid reactions were not reported in patients receiving CELEBREX in clinical trials. However, as with NSAIDs in general, anaphylactoid reactions may occur in patients without known prior exposure to CELEBREX. CELEBREX should not be given to patients with the aspirin triad. This symptom complex typically occurs in asthmatic patients who experience rhinitis with or without nasal polyps, or who exhibit severe, potentially fatal bronchospasm after taking aspirin or other NSAIDs (see CONTRAINDICATIONS and PRECAUTIONS—Preexisting Asthma). Emergency help should be sought in cases where an anaphylactoid reaction occurs.

Advanced Renal Disease. Treatment with CELEBREX is not recommended.

Pregnancy. In late pregnancy CELEBREX should be avoided because it may cause premature closure of the ductus arteriosus.

PRECAUTIONS

General. CELEBREX cannot be expected to substitute for corticosteroids or to treat corticosteroid insufficiency. The pharmacological activity of CELEBREX in reducing inflammation, and possibly fever, may diminish the utility of these diagnostic signs in detecting infectious complications of presumed noninfectious, painful conditions.

Hepatic Effects. Borderline elevations of one or more liver tests may occur in up to 15% of patients taking NSAIDs, and notable elevations of ALT or AST (approximately three or more times the upper limit of normal) have been reported in approximately 1% of patients in clinical trials with NSAIDs. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continuing therapy. Rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, liver necrosis and hepatic failure (some with fatal outcome) have been reported with NSAIDs. In controlled clinical trials of CELEBREX, the incidence of borderline elevations of liver tests was 6% for CELEBREX and 5% for placebo, and approximately 0.2% of patients taking CELEBREX and 0.3% of patients taking placebo had notable elevations of ALT and AST. A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be monitored carefully for evidence of the development of a more severe hepatic reaction while on therapy with CELEBREX. If clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), CELEBREX should be discontinued.

Renal Effects. Long-term administration of NSAIDs has resulted in renal papillary necrosis and other renal injury. Renal toxicity has also been seen in patients in whom renal prostaglandins have a compensatory role in the maintenance of renal perfusion. In these patients, administration of an NSAID may cause a dose-dependent reduction in prostaglandin formation and, secondarily, in renal blood flow, which may precipitate overt renal decompensation. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics and ACE inhibitors, and the elderly. Discontinuation of NSAID therapy is usually followed by recovery to the pretreatment state. Clinical trials with CELEBREX have shown renal effects similar to those observed with comparator NSAIDs. Caution should be used when initiating treatment with CELEBREX in patients with considerable dehydration. It is advisable to rehydrate patients first and then start therapy with CELEBREX. Caution is also recommended in patients with pre-existing kidney disease (see WARNINGS—Advanced Renal Disease).

Hematological Effects. Anemia may occur. In controlled clinical trials the incidence of anemia was 0.6% with CELEBREX and 1.4% with placebo. Patients on long term treatment with CELEBREX should have their hemoglobin or hematocrit checked if they exhibit any signs or symptoms of anemia or blood loss. CELEBREX does not generally affect platelet counts, prothrombin time (PT), or partial thromboplastin time (PTT), and does not appear to inhibit platelet aggregation at indicated dosages. See CLINICAL STUDIES—Special Studies. Platelets in the complete prescribing information.

Fluid Retention and Edema. Fluid retention and edema may occur (see ADVERSE REACTIONS). Therefore, CELEBREX should be used with caution in patients with fluid retention, hypertension, or heart failure.

Preexisting Asthma. Do not use in patients with severe asthma because of the risk of severe bronchospasm. Use with caution in patients with preexisting asthma.

Laboratory Tests. Because serious GI tract ulceration and bleeding can occur without warning symptoms, physicians should monitor for signs or symptoms of GI bleeding. During the controlled clinical trials there was an increased incidence of hypochloremia in patients receiving celecoxib compared with patients on placebo. Other abnormalities that occurred more frequently in the patients receiving celecoxib included hyperkalemia and elevated BUN. These laboratory abnormalities were also seen in patients who received comparator NSAIDs in these studies. The clinical significance of these abnormalities has not been established.

Drug Interactions: ***General***: Celecoxib metabolism is predominantly mediated by cytochrome P450 2C9 in the liver. Co-administration of celecoxib with drugs that are inhibitors of P450 2C9 should be done with caution. *In vitro* studies indicate that celecoxib at high concentrations is an inhibitor of cytochrome P450 2D6. Therefore, there is a potential for an interaction with drugs that are metabolized by P450 2D6. ***ACE-inhibitors***: Reports suggest that NSAIDs may diminish the antihypertensive effect of Angiotensin Converting Enzyme (ACE) inhibitors. This interaction should be given consideration in patients taking CELEBREX concomitantly with ACE-inhibitors. ***Furosemide***: Clinical studies, as well as post-marketing observations, have shown that NSAIDs can reduce the natriuretic effect of furosemide and thiazides in some patients. This response has been attributed to inhibition of renal prostaglandin synthesis. ***Aspirin***: CELEBREX can be used with low dose aspirin. However concomitant administration of aspirin with CELEBREX may result in an increased rate of GI ulceration or other complications, compared to use of CELEBREX alone (see CLINICAL STUDIES—Special Studies: Gastrointestinal in the complete prescribing information). Because of its lack of platelet effects, CELEBREX is not a substitute for aspirin for cardiovascular prophylaxis. ***Fluconazole***: Concomitant administration of fluconazole at 200 mg QD resulted in a two-fold increase in celecoxib plasma concentration. This increase is due to the inhibition of celecoxib metabolism via P450 2C9 by fluconazole (see Pharmacokinetics—Metabolism). CELEBREX should be introduced at the lowest recommended dose in patients receiving concomitant fluconazole. ***Lithium***: In a study conducted in healthy subjects, mean steady-state lithium plasma levels increased approximately 17% in subjects receiving lithium 450 mg BID with CELEBREX 200 mg BID as compared to subjects receiving lithium alone. Patients on lithium treatment should be closely monitored when CELEBREX is introduced or withdrawn. ***Methotrexate***: In a rheumatoid arthritis study of methotrexate (MTX) patients taking methotrexate, CELEBREX did not have significant effect on the pharmacokinetics of methotrexate. ***Warfarin***: Anticoagulant activity should be monitored, particularly in the first few days, after initiating or changing CELEBREX therapy in patients receiving warfarin or similar agents, since these patients are at an increased risk of bleeding complications. The effect of celecoxib on the anticoagulant effect of warfarin was studied in a group of healthy subjects receiving daily doses of 2 to 5 mg of warfarin. In these subjects, celecoxib did not alter the anticoagulant effect of warfarin as determined by prothrombin time. However, in marketing experience, bleeding events have been reported, predominantly in the elderly, in association with increases in prothrombin time in patients receiving CELEBREX concurrently with warfarin. ***Carcinogenesis, mutagenesis, impairment of fertility***: Celecoxib was not tumorigenic in rats given oral doses up to 200 mg/kg for males and 10 mg/kg for females (approximately 3 to 4 fold the human exposure as measured by the AUC_{0-24} at 200 mg BID) or in mice given oral doses up to 25 mg/kg for males and 50 mg/kg for females (approximately equal to human exposure as measured by the AUC_{0-24} at 200 mg BID) for two years. Celecoxib was not genotoxic in an Ames test and a mutation assay in Chinese hamster ovary (CHO) cells, nor was it genotoxic in a chromosome aberration assay in CHO cells and an *in vivo* micronucleus test in rat bone marrow. Celecoxib did not impair male and female fertility in rats at oral dose levels up to 60 mg/kg/day (approximately 11 fold human exposure at 200 mg BID based on the AUC_{0-24}).

Pregnancy: ***Teratogenic effects***: Pregnancy Category C. Celecoxib was not teratogenic in rats up to an oral dose of 60 mg/kg/day (equal to human exposure at 200 mg BID as measured by AUC_{0-24}); however, at oral doses ≥150 mg/kg/day (approximately 2-fold human exposure at 200 mg BID as measured by AUC_{0-24}), an increased incidence of fetal alterations, such as sternebrae fused and sternebrae misshapen, was observed. A dose-dependent increase in diaphragmatic hernias was observed in one of two rat studies at oral doses ≥30 mg/kg/day (approximately 6-fold human exposure based on the AUC_{0-24} at 200 mg BID). There are no adequate and well-controlled studies in pregnant women. CELEBREX should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. ***Nonteratogenic effects***: Celecoxib produced prelabor rupture and post-implantation losses and reduced embryo/fetal survival in rats at oral dosages ≥60 mg/kg/day (approximately 6-fold human exposure based on the AUC_{0-24} at 200 mg BID). These changes are expected with inhibition of prostaglandin synthesis and are not the result of permanent alteration of female reproductive function, nor are they expected at clinical doses. No studies have been conducted to evaluate the effect of celecoxib on the closure of the ductus arteriosus in humans. Therefore, use of CELEBREX during the third trimester of pregnancy should be avoided. **Labor and delivery**: Celecoxib produced no evidence of delayed labor or prolonged gestation at oral doses up to 100 mg/kg in rats (approximately 7-fold human exposure as measured by AUC_{0-24} at 200 mg BID). The effects of CELEBREX on labor and delivery in pregnant women are unknown. **Nursing mothers**. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from CELEBREX, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use. Safety and effectiveness in pediatric patients below the age of 18 years have been evaluated.

Geriatric Use: Of the total number of patients who received CELEBREX in clinical trials, [illegible] 2,100 were 65–74 years of age, while approximately 800 additional patients were 75 years and over. While the incidence of adverse experiences tended to be higher in elderly patients, substantial differences in safety and effectiveness were observed between these subjects and younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. In clinical studies comparing renal function as measured by the GFR, BUN and creatinine, and platelet function as measured by bleeding time and platelet aggregation, the results were not different between elderly and young volunteers.

ADVERSE REACTIONS

Adverse events occurring in ≥2% of Celebrex patients regardless of causality at recommended doses (N=4146): abdominal pain 4.1%; diarrhea 5.6%; dyspepsia 8.8%; flatulence 2.2%; nausea 3.5%; back pain 2.8%; peripheral edema 2.1%; injury-accidental 2.9%; dizziness 2.0%; headache 15.8%; insomnia 2.3%; pharyngitis 2.3%; rhinitis 2.0%; sinusitis 5.0%; upper respiratory tract infection 8.1%; rash 2.2%. In placebo- or active-controlled clinical trials, the discontinuation rate due to adverse events was 7.1% for patients receiving CELEBREX and 6.1% for patients receiving placebo. Among the most common reasons for discontinuation due to adverse events in CELEBREX treatment groups were dyspepsia and abdominal pain (cited as reasons for discontinuation in 0.8% and 0.7% of CELEBREX patients, respectively). Among patients receiving NSAIDs, 0.6% discontinued due to dyspepsia and 0.6% withdrew due to abdominal pain. The frequency of adverse events occurred in 0.1–1.9% of patients regardless of causality.

Celebrex (100–200 *mg* BID or 200 mg QD): ***GI***: Constipation, diverticulitis, dysphagia, eructation, esophagitis, gastritis, gastroenteritis, gastroesophageal reflux, hemorrhoids, hiatal hernia, increased dry mouth, stomatitis, tenesmus, tooth disorder, vomiting; ***Cardiovascular***: Aggravated hypertension, angina pectoris, coronary artery disease, myocardial infarction; ***General***: Allergy aggravated, allergic reaction, asthenia, chest pain, cyst NOS, edema generalized, face edema, fatigue, fever, flushes, influenza-like symptoms, pain, peripheral pain; ***Resistance mechanism disorders***: Herpes simplex, herpes zoster, infection bacterial, infection fungal, infection soft tissue, infection viral, moniliasis genital, otitis media; ***Central, peripheral nervous system***: Leg cramps, hypertonia, hypoesthesia, migraine, neuralgia, neuropathy, paresthesia, vertigo; ***Female reproductive***: Breast fibroadenosis, breast neoplasm, breast pain, dysmenorrhea, menstrual disorder, vaginal hemorrhage, vaginitis; ***Male reproductive***: Prostatic disorder; ***Hearing and vestibular***: Deafness, ear abnormality, earache, tinnitus; ***Heart rate and rhythm***: Palpitation, tachycardia; ***Liver and biliary system***: Hepatic function abnormal, SGOT increased, SGPT increased; ***Metabolic and nutritional***: BUN increased, CPK increased, diabetes mellitus, hypercholesterolemia, hyperglycemia, hypokalemia, NPN increase, creatinine increased, alkaline phosphatase increased, weight increase; ***Musculoskeletal***: Arthralgia, arthrosis, bone disorder, fracture accidental, myalgia, neck stiffness, synovitis, tendinitis; ***Platelets (bleeding or clotting)***: Ecchymosis, epistaxis, thrombocythemia; ***Psychiatric***: Anorexia, anxiety, appetite increased, depression, nervousness, somnolence. ***Hemic***: Anemia; ***Respiratory***: Bronchitis, bronchospasm, bronchospasm aggravated, coughing, dyspnea, laryngitis, pneumonia; ***Skin and appendages***: Alopecia, dermatitis, eczema, disorder, photosensitivity reaction, pruritus, rash erythematous, rash maculopapular, skin discoloration, skin dry, sweating increased, urticaria; ***Application site disorders***: Cellulitis, dermatitis contact, injection site reaction, skin nodule; ***Special senses***: Taste perversion; ***Urinary system***: Albuminuria, cystitis, dysuria, hematuria, micturition frequency, renal calculus, urinary incontinence, urinary tract infection. ***Vision***: Blurred vision, cataract, conjunctivitis, eye pain, glaucoma.

Other serious adverse reactions which occur rarely (<0.1%), regardless of causality: The following serious adverse events have occurred rarely in patients taking CELEBREX. ***Cardiovascular***: Syncope, congestive heart failure, ventricular fibrillation, pulmonary embolism, cerebrovascular accident, peripheral gangrene, thrombophlebitis; ***GI***: Intestinal obstruction, intestinal perforation, GI bleeding, colitis with bleeding, esophageal perforation, pancreatitis, cholelithiasis. ***Hemic and lymphatic***: Thrombocytopenia, ***Nervous system***: Ataxia; ***Renal***: Acute renal failure. ***General***: Sepsis, sudden death.

OVERDOSAGE

Symptoms following acute NSAID overdoses are usually limited to lethargy, drowsiness, nausea, vomiting, and epigastric pain, which are generally reversible with supportive care. GI bleeding can occur. Hypertension, acute renal failure, respiratory depression and coma may occur, but are rare. Anaphylactoid reactions have been reported with therapeutic ingestion of NSAIDs, and may occur following an overdose. Patients should be managed by symptomatic and supportive care following an NSAID overdose. There are no specific antidotes. No information is available regarding the removal of celecoxib by hemodialysis, but based on its high degree of plasma protein binding (>97%) dialysis is unlikely to be useful in overdose. Emesis and/or activated charcoal (60 to 100 g in adults, 1 to 2 g/kg in children) and/or osmotic cathartic may be indicated in patients seen within 4 hours of ingestion with symptoms or following a large overdose. Forced diuresis, alkalinization of urine, hemodialysis, or hemoperfusion may not be useful due to high protein binding.

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KNOW YOUR TEEN?

on page 65

because a lot of adults tell me I
And it surprised me that my
id I'm closer to my dad. But
ably, because last week, when
a fender bender, I went to my
le's calmer than my mom.

L ADMIRATION

Dave Le Sueur, 38, general
r
iel Weireter, 16, eleventh-

WN: Ventura, California

stresses you out most?

ything concerning sports,
disappointing tryout.
lomework.

do you admire most? Why?

ink he'd say Michael Jordan
e's an incredible basketball
it he's also a really nice guy
ly dad, because he has five
as to work very hard to give
ng money and vacations.

s one of the biggest issues you friends face?

hool safety. One week after
nbine incident, we had a
re at Damel's school.
aying no to drugs, because
ound a lot at school.

at age do you think it's okay to

metime during college.
Toward the end of high
hen you're more mature.

s your least favorite rule that nts have?

ing the dishes every night.
Don't talk back." That's hard,
ometimes I need to explain
doing—or not doing—
g.

's the hardest thing to talk to nts about and why?

can talk to us about anything.
Probably the "inappropriate"
y friends and I do—such as
ering houses—when our
re not around.

close are you to your parents?

e's close to both of us.
can talk to my mom about
, but I feel closer to my dad
we share many interests.



Dave Le Sueur's comments prompted Daniel and Dave to discuss their homework on the problem

5. Is it okay for a teen to drink alcohol or use drugs? Smoke cigarettes?

Dave: No. Daniel has learned how stupid it is to use drugs, alcohol and cigarettes through the media and these substances' effect on his sisters' friends.

Daniel: No. There are too many risks, especially with drugs. It's not okay to smoke, either. My grandmother has cancer of the mouth.

COMPARING NOTES

Dave: I didn't realize that homework stresses out Daniel, because he's a good student. What surprised me most, though, was that Daniel admires me. Although I know he thinks highly of me, it was touching because he usually doesn't talk about it.

Daniel: A lot of my dad's respons[illegible] ma[illegible]. He's a parent, so of course he hopes I won't have sex until I'm in college. The only weird answer was the one about my least favorite rule. I don't know why he thought I wouldn't want to do the dishes. I eat more than everyone else, so I don't mind. ■

Michele Bender writes for Jump!, Marie-Claire and other magazines. This is her second article for Ladies' Home Journal.

When it comes to school, drugs, role models and sex, how well do you know your teen? Join Ladies' Home Journal Online at www.lhj.com/solutions for our Parents discussion group. There, you can share stories about your relationship with your kids, and find out how parents just like you keep the lines of communication open.





IN THE NEWS:

More Than PMS?

Many of us have experienced those awful bloating, cramping, chocolate-craving days that can come just before our periods. Now imagine the discomfort being twice as bad. For some women, premenstrual mood swings, irritability or depression is seriously debilitating, impairing their ability to work or to interact with other people. These women have Premenstrual Dysphoric Disorder (PMDD), an extreme type of PMS that is notoriously under-recognized and under-treated, according to the Society for Women's Health Research, in Washington, D.C. "Some women are still being told that it's all in their head," says Jean Endicott, Ph.D., director of the Premenstrual Evaluation Unit at New York's Columbia-Presbyterian Medical Center.

About 60 to 70 percent of menstruating women suffer from PMS, a milder condition that's diagnosed when a woman has two or more emotional or physical changes—from breast tenderness to anxiety—in the week or two prior to her period. By contrast, PMDD, which has been linked to low levels of the brain chemical serotonin, strikes approximately 3 to 7 percent of women. A diagnosis hinges on having at least five of the following pre-period complaints: depression; anxiety or tension; mood swings; irritability; decreased interest in one's usual activities; difficulty concentrating; lethargy; appetite changes or food cravings; sleep problems; a feeling of being overwhelmed; and physical symptoms such as headache and bloating.

Most women with PMDD started having symptoms when they were in their mid-twenties

If you think you may suffer from PMDD, Endicott recommends rating the severity of your symptoms every day for a menstrual cycle or two. If they are indeed cyclical and debilitating, see a doctor—either your OB-GYN *(continued)*

BODYBRIEFS



REACH OUT
Hundreds of organizations offer **toll-free hotlines for health-related information.** Now you can find them easily in the National Library of Medicine's "Health Hotlines" database at *sis.nlm.nih.gov/hotlines.*

NEW TEST FOR HEART DISEASE
A noninvasive test called electron-beam computed tomography is effective at detecting severe blockages in arteries that can trigger heart attack and stroke. It provides **the earliest detection of heart disease.** The test measures the quantity of calcium in the arteries, which corresponds to the degree of arterial blockage.

FEELING TIRED?



In a recent study of over four hundred people, a **surprising 30 percent had blood levels of vitamin C low enough to be considered depleted.** One of the first symptoms of vitamin C deficiency, say experts, is fatigue. Your minimum consumption goal should be 60 mg per day.

STILL POTENT? **The expiration date marked on drug packages is just an estimate of how long the unopened medication is likely to stay potent,** according to *Consumer Reports on Health.* Once the bottle is opened, you can count on full potency for only about one year—if it's stored in a cool, dry place (not a bathroom cabinet).



CUT YOUR RISK
A recent study in the American Journal of Epidemiology found that **women who consumed more than six servings of spinach, kale or other green leafy vegetables per week had roughly half the risk of ovarian cancer** compared to women who consumed fewer than two servings per week. *–Christine Many*

s Montgomery is very proud of her class. Recently,
however, they took a plaque test and failed it miserably. But
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RAY of LIGHT

Ray Romano, the forty-one-year-old star of the TV hit *Everybody Loves Raymond*, says it's family life that keeps him real. And really funny **By Jim Jero**

Q What are the biggest differences between you and Ray Barone, the sportswriter–family man in your Top 20 show?

A He's a little more naive. There are times when I'm like, "Who would believe that?" We have a chart in the writers' room: *WHO'S DUMBER: REAL RAY, TV RAY?* And we keep track.

Q What do women like so much about your character?

A His vulnerability. His being a nice guy, trying to keep the peace, not get anyone mad at him, being a little stupid. I guess that's appealing, though my wife would say otherwise.

Q You've been married for twelve years. Does your wife ever get jealous?

A Of the kissing? Funny story. Every once in a while the wife and I will have the "don't-tell-me-there's-no-tongue-in-there" conversation. Of course there isn't; it's a TV kiss. But she knows Patty [Heaton], who plays my TV wife, thinks I'm an idiot just like she does. So they're kind of the same.

Q You've also said that you are less demonstrative than your character, which is not much.

A I wrote in my memoir, *Everything and a Kite* (Bantam, 1998), that if my father had just hugged me once, I wouldn't be in this business. I wouldn't need all this attention.



"Thank God I have a family that sees me in my underwear with the holes in it"

Q How has that affected your own role as father to four kids?

A My wife and I have a great marriage. Sure, I have people who cater to me all the time [in TV], but thank God I have a family that sees me in my underwear with the holes in it. Plus, now my wife is teaching my nine-year-old daughter attitude.

Q How have you handled fame?

A My fame's at a weird level. In L.A., nobody cares. I go to a restaurant and Jack Nicholson is sitting next to me so no one's looking at me. Then I go to Peter Luger Steak House on the East Coast and you'd think Frank Sinatra walked in.

Q Have you blown any of the money you've made on extravagances?

A I don't drive a Ferrari. I drive a Toyota Land Cruiser. But I've got four kids. When we want to go out to eat, we go out to eat.

Q After leaving your blu collar Queens, New Yo neighborhood, what aspect L.A. life makes you craziest

A Is this referring to m sex change? Or maybe my implants?

Q Well, tell us somethin unusual about L.A.

A You're right. Everybody has those Truly, I worry most abou my kids. We're not living in a neighborhood like where I grew up, with blocks, a community. There are no neighbors, n riding your bike to the store and the schoolyard. No seasons, no winter. None of that. I miss all th for them. They get a pool

Q What was your low point in twelve years o standup?

A There have been some demeaning gigs. I did a college variety show and sat in the dressing room next to a woman with a live monkey on her shoulder and a guy dressed as the California Raisin. That was the gig. I was the comedian. One of those moments where you kind of ask, "What are you doing with your career?"

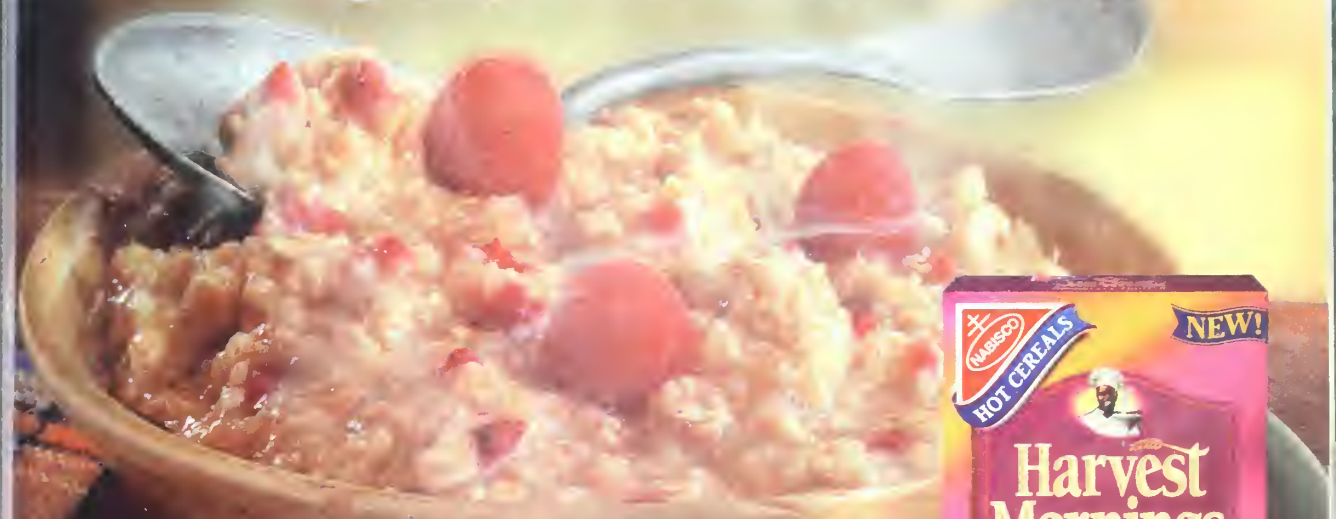
Q But now you're a sex symbol!

A Am I? Are you kidding? Maybe an I-feel-sorry-for-him-so-I'll-have-sex-with-him sex symbol, but however it happens, hey, I'll take it. ■

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She Lived A NIGHTMARE

Debra Puglisi was raped and abducted, held hostage for days. She knew her captor was going to kill her, but could she possibly escape? An amazing story of daring and courage By Marjorie Preston





HOUSE OF HORRORS

Donald Flagg (above) held Debbie Puglisi captive in his house. Today, Debbie (above right) and her children, Michael and Melissa, are trying to get on with their lives

It was a beautiful spring day in 1998, as Debra Puglisi planted rosebushes in the front yard of her Newark, Delaware, home. The flowers, a gift from her neighbor, would add the perfect touch to the sparsely landscaped corner lot.

Debbie, a forty-six year-old hospice nurse, and her husband, Nino, a planner for a funeral home, had moved from Elkton, Maryland, to their dream house in this tree-lined subdivision ten months earlier. The five-bedroom Cape Cod was big for just the two of them, but they wanted a house spacious enough that their nineteen-year-old twins, Michael and Melissa, could bring friends home from college to visit.

That day, April 20, as Debbie tamped soil around the roots of the rosebushes, Homey, one of her four cats, curled beside her in the sun. At about three P.M., Nino arrived home from work. He parked his Jeep in the driveway and walked over to greet his wife.

Nino, fifty, had little patience for tending flowers. "Better you than me," he joked to Debbie. Nodding toward the cat, he added, "Looks like you've got a helper there." Then he headed toward the house.

"Nino," Debbie called after him, "tell me when it's quarter to four. I have to check in with Delaware Hospice." He nodded.

Caring for and comforting the terminally ill is a tough but rewarding profession, and Debbie was good at it. When she had decided to return to school for a nursing degree in her mid-thirties, her family wondered if she was strong enough to deal with suffering and loss on a daily basis. Now they marveled at her competence and dedication.

At about four P.M., Debbie finished her yard work and walked toward the open garage. She wondered why Nino hadn't called her, and figured he'd fallen asleep. "I thought nothing of it," she says.

As she approached the house, the cat scurrying at her heels, she saw construction workers busy at a building *(continued on page 82)*

LENOX

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"All I could picture was that [the attacker] was going to kill me and dump me along the side of the road," Debbie says

(continued) site across the street. Nearby, a neighbor strolled across his lawn, chatting on a cell phone.

Later, another neighbor told police he had noticed a strange car—a Plymouth Duster—parked next to the Puglisi home. Spotting Nino's Jeep in the driveway, he shrugged it off. It must be a delivery man, he thought. Or a friend.

Distracted by the neighborhood bustle and the buzz of a lawnmower, Debbie heard nothing out of the ordinary as she walked toward the garage. Not the gunshot, nor the thud as her husband's body hit the floor.

She opened the door and walked inside.

A BRUTAL ATTACK

The blow hit her in the face, and her glasses flew off. She fell, hitting her head against the cat food bowl. Stunned, she stared up at the dark silhouette of a man looming above her. She tried to scramble to her feet. "Get down!" he shouted. "Where's your money?" Trembling, she pointed to her purse on the counter.

The intruder bound her hands and feet with ropes, reinforcing the ties with her own drapery cords. Blood stained the floor, and her head throbbed.

"Where's your husband?" asked the stranger tauntingly.

"I don't know," Debbie whimpered. Nino, she pleaded silently, why aren't you coming to help me?

The intruder walked away. For almost twenty minutes Debbie heard nothing more, and she prayed the ordeal was over. Suddenly the man was back. He pulled her to her knees, shoved her into the basement, and yanked at her clothes.

"Let's do this," he growled, and savagely raped her.

The man took her back upstairs, held a kitchen knife to her throat and warned her not to scream. Then he wrapped a flowered quilt around her. He opened the side door of the house and quickly tossed Debbie into the back of his car.

"All I could picture in my terror was that he was going to kill me and dump me somewhere along the side of the road," she remembers. "I just prayed that whatever he did, he would not dump me in the river. I didn't want to drown."

Debbie worked desperately to loosen the ropes around her hands. "My feeling was that when he stopped, I would be able to make a run for it," she says.

But when the car came to a halt and the man lifted the hatch, she realized to her horror that he had pulled into a garage and closed the door.

The stranger had taken her to his home.

CAPTIVE!

He dragged Debbie from the garage into his house. When the kidnapper discovered that she had loosened her bonds, he became enraged and raped her twice. "He seemed to take great pleasure in hurting me," she says.

He tied her up, this time making the ropes so tight that they dug into her flesh. "You're not going to get loose now," he sneered.

"Are you going to kill me?" she whispered.

"Shut up," he ordered, thrusting a washcloth into her mouth and wrapping duct tape around her head. Then he blindfolded her, threw her facedown on the bedroom floor and tossed the quilt over her.

She heard him play the messages on his answering machine. A woman's voice asked "Don" if he was coming to work. After that, Debbie heard nothing but clicking and inhaling. She couldn't identify the strange sound. The next day she would discover that it was the sound of the kidnapper smoking a crack pipe.

Debbie's captor, Donald A. Flagg, forty, was an auto worker at the Chrysler plant in Newark, with twenty years on the assembly line. A loner, Flagg lived in a small development in Bear, Delaware, about eight miles from the Puglisi home.

Tall and muscular, Flagg had a fussy streak that bordered on obsession. He kept his home fanatically neat; his lawn was always meticulously manicured. He was a conscientious employee. *(continued)*

nagine not remembering your own daughter's name. For thousands of omen each year it's becoming a reality.



ner's disease—a major health issue for women. ner's disease is a devastating disease that takes an ıse toll on people's lives. An estimated 4 million ans have this degenerative disease that affects ility to function normally and to remember who e and the people and places they've known for s. As the population ages, millions more will be d with Alzheimer's disease in coming years. ner's disease may be more prevalent in women sons we do not understand. Some studies have ted that estrogen loss during menopause may be ributing factor, although this has not been proved. ertainly, women constitute the majority of care- fer those who have the disease.

ecial needs of the caregiver. Women who are family ers are often under a lot of stress. For this reason, it's ant that they take special care of their health. Effective or managing stress include a healthy diet, adequate nd exercise, and outside activities. Family members regivers are urged to contact their local chapter of the ner's Association for additional support.

son for hope. Rapid progress is being made in ner's research. Drugs are available ay temporarily improve symptoms of the disease. Some preliminary studies suggest that other medications, such as estrogen replacement therapy (ERT), may make it possible to delay onset of disease symptoms while offering other health benefits to menopausal and postmenopausal women. Other studies suggest that nonsteroidal anti-inflammatory drugs and vitamin E may offer some protection to nerve cells in the brain. The advantages of these treatments are that they are available now and the side effects are known and can be managed. As with taking any medication, you should first consult with your doctor.

More research is needed to determine whether these medications will prove to be effective treatments for Alzheimer's disease. But with your support, research will continue until this disease can be prevented.

Help is available. The Alzheimer's Association is dedicated to conquering Alzheimer's disease through research and to providing education and support to people with Alzheimer's disease and their families. To obtain the free brochure *Women and Alzheimer's Disease*, call 1-800-272-3900 or your local chapter or visit our web site: www.alz.org. Help is available for this serious health issue, so please call today. Do it for someone you love, do it for yourself.

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SHE LIVED A NIGHTMARE

Bill Flagg had a dark side. He was caught up in a netherworld of drug abuse; his main weakness was crack cocaine. Under the drug's influence, the anger that lurked within him was easily unleashed.

During the next few hours, as Flagg continued to smoke crack, Debbie fell asleep intermittently from sheer exhaustion. She was jarred back to consciousness when Flagg suddenly started screaming in the next room. She heard two gunshots and the sound of breaking glass. She cowered, certain she was moments from death.

Meanwhile, at six P.M., Debbie's coworkers from Delaware Hospice, concerned when she failed to call in, drove to the Puglisi home. Joined by a neighbor, they peered through a window and spotted Nino's lifeless body on the bedroom floor. He had been shot once in the head.

Sometime early Tuesday morning, Debbie heard a radio newscast playing. In numb disbelief, she listened to the

As she lay on the floor, Debbie agonized about her children. They must be out of their minds with grief, she thought

day's top story: the disappearance of a Newark woman and the brutal slaying of her husband. Debbie was stunned—and heartbroken. But she fought to contain her anguish.

"I couldn't cry out," she says. "I knew by this time that this man could be very easily angered. If I became emotional, he would hurt me even more."

WANTED WOMAN

"Where is Debra Puglisi?" asked the banner headline of *The New Jour* of Wilmington. A photo of Tino- portly, with prematurely gray hair- appeared below it. It contras sharply with an earlier picture Debbie in a revealing dress wit a smile, taken when she and a grou other nurses had posed for "gir shots" during a particularly gidd trip; it made her look much yo than her husband. Speculatio lowed. With no leads, the po couldn't rule out the possibili Debbie might be involved in hi band's murder.

In her prison in Flagg's on house, Debbie heard it all on dio and TV. As she lay on th room floor, she agonized abo children. Michael was a varsit ner at the University of Delaw Newark; Melissa was a busines jor at East Carolina Universi Greenville, North Carolina T twins had always been the jo her life. Now they had lost h father, and had no idea wha become of her. They must b



r minds with worry and grief.
ought.
p pains shooting from her tight
nd wrists, Debbie began to pray
mother, who had died several
earlier, and to Nino. "I asked
o watch over me, to help me."
alls. "I thought I was going to
ning them soon. But I also
I that they would help me get
the children."
Wednesday, Debbie began to
that her prayers were being an
l Flagg's manner was far calmer
had been the previous two days.
e felt a thrill of hope. Perhaps he
t going to kill her after all.
ething told her that in order to
e, she had to develop a relation
vith this man. Debbie began to
iate herself with Flagg. She re
to him as "sir." She expressed
rn for his well-being, and nod-
sympathy when he said, "I have
off these drugs." And every day,
he raped her, Debbie feigned
iance. Grimacing, she reminded
f that whatever she had to do in

to Debbie. "It looks like I've just committed the perfect crime."

AN ACT OF COURAGE

On Friday, her fifth day of captivity, Debbie told Flagg she was worried about the massive swelling in her [illegible]. The ropes had carved deep, angry grooves into her flesh. Her left hand was nearly twice its normal size. As a nurse, she suspected the nerves were severely damaged.

He agreed to replace the ropes with handcuffs. She listened as Flagg phoned several pawnshops until he found two sets of cuffs—one for her wrists, the other for her ankles. When he put the handcuffs on her, Debbie realized that they gave her more flexibility than the rope ties had. This was finally her chance to escape.

Flagg had hinted that he might be willing to let Debbie go. But within hours, he had changed his mind. It was too dangerous, he said. In a recurring dream, he had seen himself being arrested on the assembly line at the Chrysler plant.

(continued)



"[illegible] to go to jail," he told her. Then he added, "You're getting expensive. I don't know what I'm going to do with you."

Debbie's heart constricted in her chest. She sensed that [illegible] hours were numbered. How would he kill her? A knife? A gun?

"I think he did like me," she says now. "I hope [illegible] he would ask me how I wanted to be killed." She decided that she would ask to be shot in the head like her husband. It would be a quick, painless death.

That night, Flagg decided to work his shift at Chrysler. After he left, Debbie lay for two hours in the pitch dark on the bed, knowing that he could turn up at any moment to check on her. Even so, she was acutely aware that this was her last opportunity.

"I had prepared myself," she remembers. "How could I let my children bury their father without me? I was either going to get out of there that night, or I was going to die."

For more than twenty minutes, she worked feverishly to loosen the hog tie that linked her hands and ankles, grateful for the new mobility afforded by the handcuffs. Finally, the knot came free. Slowly, painstakingly, her heart hammering in her chest, Debbie slid off the bed and shuffled toward the nearest door.

Hands still behind her back, she turned the doorknob. The door opened, and Debbie lunged forward—into a closet.

Suddenly, her composure dissolved. The terror she'd kept bottled up for days threatened to overwhelm her. She was close to hysteria.

"Debbie, get ahold of yourself," she said aloud, as she forced back the tears. "You've come this far. Don't give up now!"

For a moment, she had the distinct feeling that Nino was with her, encouraging her. She heard him murmur, "Hang in there, honey."

Debbie searched for the bedroom door. She yanked it open, and then, picturing the table in the dining room where Flagg usually left the [illegible] phone, she inched forward. She [illegible] for the receiver. It was there. Trembling, she lifted it. "God's grace," [illegible] later called it.

Debbie could hear her heart [illegible] ing. If Flagg walked in now, he [illegible] shoot her on the spot. Quickly [illegible] dialled 911.

"This is Debbie Puglisi," she [illegible] pered. "He kidnapped me, ki[illegible] husband."

Flagg's address flashed on the [illegible] dispatcher's screen. Within [illegible] police were speeding toward the [illegible]

"Just stay with me, ma'am," [illegible] patcher said. "They're on the w[illegible]

"He might come back," [illegible] moaned. "I want my children."

When the officers arrived, the [illegible] was quiet. They tapped on the [illegible] and Debbie cowered, uncer[illegible] whether it was really the police or [illegible] tormentor had returned. The dis[illegible] er, still on the line with Debbie, [illegible] her that it was the police outside.

Debbie edged toward the door [illegible] anguish finally erupted in a [illegible]



, later broadcast repeatedly on
ists and in court. "Help me!"
ieked. "Help me! Help me!"
about eleven P.M. on April 24,
d Flagg was arrested on the
ier assembly line. Debbie was
d to Christiana Hospital, in
ington, and treated for dehydra
black eye, a broken toe and se
erations of her wrists and legs
she had a tearful reunion with
ildren and other family members
was safe at last.

ICE PREVAILS

nal began almost one year later,
ril 13, 1999.
counselor prepared Debbie to
lagg by making her spend hours
ng at his mug shot. Day after
he stared at his face until it no
r frightened her. By the time tri-
ted, she felt "very strong," she
"I would glare at him in the
room, almost defying him to
back at me." Each day, she
d into court with Nino's wed-
ring on a chain around her neck

and a crucial interrogation tape.

Flagg had entered the trial not guilty by reason of insanity. Defense attorneys claimed he was a paranoid schizophrenic, unable to tell right from wrong. They said Flagg's trouble with Chadwick, Dave and Debbie's breakup of a previous romance, plus the death of Flagg's mother, were the triggers that drove him to his deadly rampage.

The jury didn't buy it. On May 14, Flagg was convicted of first degree murder, kidnapping and rape. Judge Norman A. Barron sentenced him to eight consecutive life sentences, plus 166 years. When Flagg later pleaded guilty to another violent rape, committed just three days before the Pughst crimes, Barron added two additional life sentences.

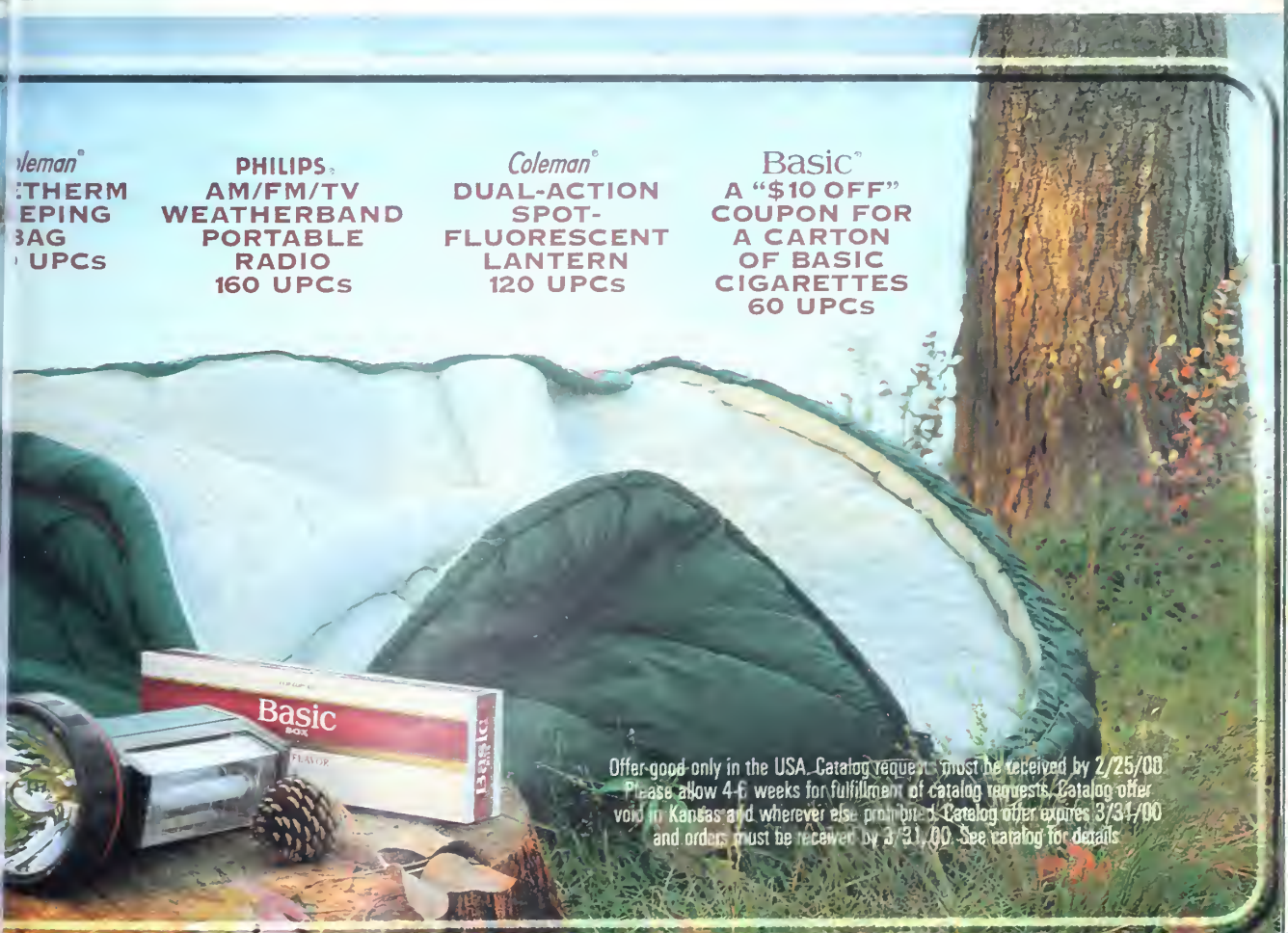
The judge also ordered that for the first ten years Flagg be kept in solitary confinement from April 20 through April 24—the same days he had held Debbie hostage.

Today, Debbie is trying to move on with her life. It hasn't been easy. Despite his job as a funeral planner, Nino never bought a life insurance policy. To do so would have been an acknowledgement of his own mortality, and Debbie says he was always deeply afraid that he would die young.

For financial reasons, she gave up the dream house. The decision was painful, but Debbie later acknowledged that it was a crucial first step in reclaiming her life. She spent the first anniversary of the crime at her new home, a town house several miles away. To mark the occasion, she planted flowers in the front yard and took roses to Nino's grave.

Where does her courage come from? Debbie cites a deep faith in God, and her continuing devotion to her children. As they struggle to recover from the tragedy, she tells Michael and Melissa, "Daddy wouldn't want [Flagg] to take over our lives."

"I've got to show them we can move beyond it," she explains. "I've been blessed to be given a second chance. I'm not going to live the rest of my life in fear. God gave us this life—let's make the best of it." ■





The TOUGHEST Choice

Whether to stay home with her children or continue working is one of the most critical, and often most wrenching, decisions a woman will ever make. Today, moms across the country are finding innovative solutions, and they're constantly adapting them to suit their—and their children's—needs. As the women featured here have learned, the quest for a satisfying work/family balance is all about learning to compromise, having husbands who are involved and putting the children first **By Susan Brady Konig**

IN AND OUT OF WORK

Fran Schwartzkopff, 37
Husband: Eric Guthey, 37
Kids: Maddie Ruth, 6; Johannes, 4
Hometown: Ann Arbor, Michigan
Household income: $70,000*

Since becoming a mother, Fran has gone from full-time journalist to full-time mom [illegible] Eric is a professor [illegible] the University of Virginia.

Paying the bills "I worked full time when my daughter was a toddler and my son was a newborn, so the kids went to day care. Eric was finishing his Ph.D. and had a flexible schedule, so he'd pick up the kids at four-thirty P.M. and feed them, and I'd get home at about seven. Maddie would run toward me with a big smile—you know, 'Mommy's home! Mommy's home!'—but she'd stop two feet in front of me and run away."

The good mother "My husband took a teaching job in Denmark for a year, so we moved. I decided to stay home because I didn't want the kids to be angry at me for not being around."

Striking a balance "When we returned to the U.S., I still wanted to stay home. But Johannes needed to play with other kids after Maddie started kindergarten, so I took a three-days-a-week copy-editing job. He goes to day care when I work."



On shaky ground "I feel like I'm treading water. I don't know how long I'll be able to keep putting my career on the back burner."

**Estimated annual income*

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elbows, knees & feet.

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HAPPY AT HOME

Soroya El-Baz, 33
Husband: Bill Shuler, 32
Kids: Yasmeen, 5; Alia, 3; William, 1
Hometown: Potomac Falls, Virginia
Household income: $85,000

Soroya was a manager at Nordstrom until William was born; now she works from home part-time, doing sales for a pharmaceutical company. Bill is a credit manager for a Washington, D.C., hotel.

The simple days "When we had only one child, we were able to juggle our schedules around the baby. Bill worked from eleven P.M. until seven A.M., so he took care of Yasmeen during the day. He slept when she napped. We never saw each other, but Bill and Yasmeen had a wonderful relationship. When she was around eighteen months old, she stopped napping as often, and Bill couldn't get any sleep. So we hired a baby-sitter, who also cared for Alia when she came along. Eventually, we put Yasmeen and Alia in day care."

Bringing up babies "I decided to stay home after I had William because he would have been the first of our kids to go to day care as an infant."

Mommy perks "Working from home part-time brings in extra money—and I get to be with the kids. I think I actually lost money when I was working full-time. The cost of day care is astronomical—the same as our mortgage. And I love being with the kids! I'll never understand how people get bored with their children. When I was growing up my mom didn't work, and she had cookies and juice waiting for me after school. I'd like to do that for my children."





PROVIDING AND PARENTI

Karen McKarnin, 35
Husband: Robert McKarnin, 3
Kids: Emily, 20 months
Hometown: Gas, Kansas
Household income: $55,000

Karen teaches math and tests stu… local community college. Robert u… rubber company.

Spending power "We kn… would both have to keep w… once we had Emily. We want… her the things she needs."

Daddy's girl "My husband … Emily on his days off. I neve… what I'll find when I come … One day he had strung a cor… our living room and made … over it with a blanket. He anc… were having the best time to… playing peekaboo."

For the love of grandparents "… very lucky; our parents baby-sit… the rest of the week. It was mu… ier to go back to work knowin… Robert and our parents would l… ing for Emily. It takes away a l… the guilt I feel for not being ther… self. Every day, she's surround… people who love her. What … could a parent want for her child…

My secret wish "I enjoy what I d… I'm fortunate that I have more va… time than most people. But in a p… world, I'd stay home with Emily … she's three or four, then I'd go … to work." *(continued on pag…*

Have you found a satisfying bala… between family and work? Log o… LHJ Online at www.lhj.com/solut… to join our Parents discussion gr… and share your stories.

"Why do I use Curél? Because for dry skin, it's the best lotion on the shelf."

Amy Mankin Pharmacist





I can use any moisturizer on the shelf. Why do I choose Curél™ lotion? Because as a pharmacist, I know clinical studies prove Curel moisturizes better than Lubriderm®, Keri® and other leading lotions. As a woman with dry skin, I know Curél works. It heals dry skin better



Curél

You can see the Cure in Curél™

Art and Form in Perfect Harmony

A first of a kind in *Heirloom Porcelain*

China's wondrous artistry has graced fine works of precious porcelain for centuries. But rarely have art and medium complemented each other as magnificently as they do in the "Pao Chai" *Heirloom Porcelain* Music Box. Inspired by China's famous porcelain and the epic novel *A Dream of Red Mansions,* this *first of a kind* brings classic art and craftsmanship together in an exceptional limited edition.



An exceptional music box uniquely adorned with bands of 22-karat gold, hand-applied in multi-layered vignettes

As stunning and delightful as any oriental antique, "Pao Chai" plays the romantic "Emperor's Waltz" at the turn of a key. Gracefully shaped *Heirloom Porcelain* is hand-decorated in jade-like tones. Smooth and marbleized surfaces combine to add a unique textural feel. The elaborate glaze finish is triple-fired to a shimmering luster of rich depth. Gleaming 22-karat gold, hand-applied in multi-layered vignettes, surrounds delicate portraits of the romantic heroine *Pao Chai* and adorns the richly banded pedestal and lid. A hand-painted sculptural fan and ornate golden handles enhance the feel of timeless antiquity.

"Pao Chai" is hand numbered and includes a Certificate of Authenticity. Time-consuming crafting and a fixed 95-day firing period strictly limit availability, and strong demand is expected. So act now to acquire this unique music box at the issue price of just $34.95—with an unconditional one-year money-back guarantee. Send no money now. Just complete and mail the coupon today.

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House of Ardleigh Elliott and All Things Collectible

Premiering at only $34.95

"Pao Chai"
Heirloom Porcelain Music Box



shown actual size of about 3½ x 4 inches with handles extending another ½ inch on each side

A first-of-a-kind *classic* from Ardleigh Elliott

Crowned with a hand-painted sculptural porcelain fan

Plays the dreamy melody of "Emperor's Waltz" on an eighteen-note musical movement

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Name (Please Print Clearly)

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Please check one: Are you purchasing this music box
___ For yourself? 74041-E88001 ___ or as a gift? 74041-E88002

3.99 shipping and handling. Illinois residents will be charge state sales tax. Pending approval. Offer valid in the U.S. only

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(continued from page 91)

A JUGGLING ACT

Kathie Carey, 38
Husband: Bob [illegible]
Kids: Nathan, [illegible], 4
Hometown: [illegible]
Household [illegible]

Kathie [illegible] assistant for an insura[illegible] provides the family with h[illegible] Bob is a landscaper.



Motherhood changes everything "Before I had kids, I met friends for lunch. Now my friends don't even ask me anymore. I have to run errands so I can get home to spend time with my kids. My family comes first."

Day care to the rescue "Nathan had home day care until he was two and a half, then he went to a large center. When Jacob and Jenna came along, I found a great baby-sitter. Now Jenna goes to day care, and Jacob and Nathan are bused to school. It's great, because I finally have to make only one drop-off and one pickup!"

My fantasy career "I'd work at home. All I'd need is a computer and separate phone line. But my company doesn't allow this yet."

My perfect day off "Recently, I took a few vacation days. I woke up an hour later than usual, got my kids ready for school, made breakfast with them, walked Nathan and Jacob to school and then stayed home with Jenna all day. It was wonderful. I wish I had more time to spend with my family."

A TAG-TEAM APPROACH

Mikha Grumet, 28
Husband: Lenny Bass, Jr., 29
Kids: Ajana, 2
Hometown: Brooklyn, New York
Household income: $90,000

Mikha does freelance work as a producer for music videos and commercials. Lenny is a lighting designer.

Never a dull moment "The freelance life is great because whenever I start thinking I really need to be with my baby, I'm suddenly unemployed. And when I've been home with the baby for a while, the phone rings and I say I'm ready to go back to work again."

Our own Mary Poppins "We have a baby-sitter who stays home with her two-year-old. We like the way she's raising her daughter, so we trust her with our son. Aji loves having another child to play with, and he's happy to have a break from us. With our schedules, we never need our baby-sitter more than three days a week. Sometimes I'm busy and Lenny isn't, so he'll take care of the baby—and vice-versa."



Picking up the slack "Three times a week, Lenny goes to the gym for an hour, then it's my turn. He takes the baby out for the morning so I can be alone, and I'll take the baby to [illegible] with my friends so he can relax."

It's all about improvising "At first you can't imagine how it's going to work. Who's going to pick up the baby when we're both working twelve-hour days? Will Aji adapt to it, will it throw off his sleep schedule? All these little questions come up, but you just deal with them." ■

Susan Brady Konig is a columnist for the New York Post.

LIVING WITH YOUR DECISION

Whether you choose to stay home or continue working, you're likely to experience stress. Here, some coping strategies from work/family experts:

IF YOU'RE A WORKING MOM:

- **Sit down with your husband and divvy up chores. Who will pick up the dry cleaning? Who will do the laundry? Who will cook?**
- **Make it clear to your supervisor and co-workers that your job is important to you. Try to keep your home and work lives separate.**
- **If you're feeling guilty, take steps to alleviate it. Set aside an extra fifteen minutes to spend with the baby before you leave for work. Or, if possible, check in on your child during the day.**
- **Create some downtime for yourself. Get a jogging stroller and take your baby out for some fresh air. Or, find a gym with a day-care center.**

IF YOU'RE A STAY-AT-HOME MOM:

- **Let your husband know he has to pitch in. After all, caring for an infant is a demanding full-time job. Work out which chores he'll take on.**
- **Make sure you spend some time with adults. Establish playgroups with other full-time moms.**
- **Take time away from the baby. Ask your husband to spend one weekend day with her while you do something for yourself. That will strengthen his bond with the baby.**
- **If others make you feel ashamed of your choice, discuss your feelings with women in your situation. And keep in mind, only you know what's best for your family.** --Carin Gorrell

YPE 2 DIABETES



Down with your blood sugar...

Up with your life

Lower your blood sugar with Glucophage, the #1 prescribed diabetes pill

ıg with diet and exercise, Glucophage can be taken on its own, ther with other diabetes pills called sulfonylureas, or together insulin to help lower blood sugar.

ıdding Glucophage to insulin lowers blood sugar better han insulin alone...and may reduce the amount of insulin you eed to take.

Glucophage works with your body...to help it make better se of its own natural insulin.

Glucophage does not cause weight gain...unlike many other liabetes medications, including insulin.

vering your blood sugar is the single most important ıg that you can do...to control your diabetes and can help vent complications, like blindness.

For more information, call

1-800-427-5141

or visit our website at www.glucophage.com

ASK YOUR DOCTOR ABOUT...

GLUCOPHAGE®
(Metformin Hydrochloride Tablets)500 mg

THE #1 PRESCRIBED PILL FOR LOWERING BLOOD SUGAR

Important Information

The most serious side effect associated with Glucophage is called lactic acidosis, which is rare and has occurred in one in 33,000 patients on Glucophage over the course of one year. If lactic acidosis occurs, it can be fatal in up to half the cases. You should not take Glucophage if you have kidney disease or dysfunction, if you are 80 or older (unless you have first had your kidneys tested), if you are taking medication for congestive heart failure, if you have a history of liver disease, or if you drink alcohol excessively. The most common side effects are minor ones such as diarrhea, nausea, and upset stomach, which usually occur during the first few weeks on Glucophage. Please see additional important patient information on the next page.

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F5-K144A Issued: October 1999 Printed in USA

Rx only

PATIENT INFORMATION ABOUT GLUCOPHAGE®

(metformin hydrochlor[illegible])

500 mg, 85[illegible] mg, and 1000 mg

WARNING: A small number of people who have taken Glucophage have developed a serious condition called lactic acidosis. Properly functioning kidneys are needed to help prevent lactic acidosis. Most people with kidney problems should not take Glucophage. (See Question Nos. 10-14)

Q1. Why do I need to take GLUCOPHAGE?
Your doctor has prescribed GLUCOPHAGE (GLUE-coe-fahj) to treat your type 2 diabetes. It is also known as non-insulin-dependent diabetes mellitus.

Q2. What is type 2 diabetes?
People with diabetes are not able to make enough insulin and/or respond normally to the insulin their body does make. When this happens, sugar (glucose) builds up in the blood. This can lead to serious medical problems including kidney damage, amputations and blindness. Diabetes is also closely linked to heart disease. The main goal of treating diabetes is to lower your blood sugar to a normal level.

Q3. Why is it important to control type 2 diabetes?
Studies have shown that good control of blood sugar can prevent or delay complications such as blindness.

Q4. How is type 2 diabetes usually controlled?
High blood sugar can be lowered by diet and exercise, by a number of oral medications and by insulin injections. Before taking GLUCOPHAGE you should first try to control your diabetes by exercise and weight loss. Even if you are taking GLUCOPHAGE, you should still exercise and follow the diet recommended for your diabetes.

Q5. Does GLUCOPHAGE work differently from other glucose-control medications?
Yes it does. Until GLUCOPHAGE (metformin hydrochloride tablets) was introduced, all the available oral glucose-control medications were from the same chemical group called sulfonylureas. These drugs lower blood sugar primarily by causing more of the body's own insulin to be released. GLUCOPHAGE lowers the amount of sugar in your blood by helping your body respond better to its own insulin. GLUCOPHAGE does not cause your body to produce more insulin. Therefore, GLUCOPHAGE rarely causes hypoglycemia (low blood sugar) and it doesn't usually cause weight gain.

Q6. What happens if my blood sugar is still too high?
When blood sugar cannot be lowered enough by either GLUCOPHAGE or a sulfonylurea, the two medications may be effective taken together. However, if you are unable to maintain your blood sugar with diet, exercise and glucose-control medication taken orally, then your doctor may prescribe injectable insulin to control your diabetes.

Q7. Why would I take GLUCOPHAGE if I am already on insulin?
Because adding GLUCOPHAGE to insulin can help you better control your blood sugar while reducing the insulin dose and possibly reducing your weight.

Q8. Can GLUCOPHAGE cause side effects?
GLUCOPHAGE, like all blood-sugar lowering medications, can cause side effects in some patients. Most of these side effects are minor and will go away after you've taken GLUCOPHAGE for a while. However, there are also serious, but rare side effects related to GLUCOPHAGE (see below).

Q9. What kind of side effects can GLUCOPHAGE cause?
If side effects occur, they usually occur during the first few weeks of therapy. They are normally minor ones such as diarrhea, nausea and upset stomach. Taking your GLUCOPHAGE with meals can help reduce these side effects.

Although these side effects are likely to go away, call your doctor if you have severe discomfort or if these effects last for more than a few weeks. Some patients may need their dose lowered or stop taking GLUCOPHAGE, either temporarily or permanently. Although these problems occur in up to one-third of patients when they first start taking GLUCOPHAGE, you should tell your doctor if the problems continue or if they start later on during the therapy.

About three out of every one hundred people report having a temporary unpleasant or metallic taste when they start taking GLUCOPHAGE.

Q10. Are there any other side effects that GLUCOPHAGE can cause?
GLUCOPHAGE rarely causes serious side effects. The most serious side effect that GLUCOPHAGE can cause is lactic acidosis.

Q11. What is lactic acidosis and what can happen to me?
Lactic acidosis is caused by a build-up of lactic acid in the blood. Lactic acidosis associated with GLUCOPHAGE has occurred mostly in people whose kidneys were not working normally. Lactic acidosis has been reported in about in 33,000 patients taking GLUCOPHAGE (metformin hydrochloride tablets) over a course of a year. Although rare, if lactic acidosis does occur, it can be fatal in half the cases.

It's also important for your liver to be working normally when you take GLUCOPHAGE. Your liver helps remove lactic acid from your bloodstream.

Your doctor will monitor your diabetes and may perform blood tests on you from time to time to make sure your kidneys and your liver are functioning normally.

There is no evidence that GLUCOPHAGE causes harm to the kidneys or liver.

Q12. Are there other risk factors for lactic acidosis?
Your risk of developing lactic acidosis from taking GLUCOPHAGE is very low as long as your kidneys and liver are healthy. However, some factors can increase your risk because they can affect kidney and liver function. You should discuss your medical history with your physician. You should not take GLUCOPHAGE if:

- You have chronic kidney or liver problems
- You have congestive heart failure which is treated with medications such as digoxin (Lanoxin®) or furosemide (Lasix®)
- You drink alcohol excessively (all the time or short-term "binge" drinking)
- You are seriously dehydrated (have lost a large amount of body fluids)
- You are going to have certain x-ray procedures with injectable contrast agents
- You are going to have surgery
- You develop a serious condition such as a heart attack, severe infection or stroke
- You are ≥ 80 years of age and have NOT had your kidney function checked

Q13. What are the symptoms of lactic acidosis?
Some of the symptoms include: feeling very weak, tired or uncomfortable, unusual muscle pain, trouble breathing, unusual or unexpected stomach discomfort, feeling cold, feeling dizzy or lightheaded, or suddenly developing a slow or irregular heartbeat.

If you notice these symptoms, or if your medical condition has suddenly changed, stop taking GLUCOPHAGE and call your doctor right away. Lactic acidosis is a medical emergency that must be treated in a hospital.

Q14. What does my doctor need to know to decrease my risk of lactic acidosis?
Tell your doctor if you have an illness that results in severe vomiting, diarrhea, fever, or if your intake of fluids is significantly reduced. These situations can cause severe dehydration, and it may be necessary to stop taking GLUCOPHAGE temporarily.

You should let your doctor know if you are going to have any surgery or radiologized x-ray procedures that require injection of contrast agents. GLUCOPHAGE therapy will need to be stopped temporarily in such instances.

Q15. Can I take GLUCOPHAGE with other medications?
Remind your doctor that you are taking GLUCOPHAGE when any new drug is prescribed or a change is made in how you take a drug already prescribed. Taking GLUCOPHAGE may interfere with the way some drugs work and some drugs may interfere with the action of GLUCOPHAGE.

Q16. What if I become pregnant while taking GLUCOPHAGE?
Tell your doctor if you plan to become pregnant or have become pregnant. Like other oral glucose-control medications, you should not take GLUCOPHAGE during pregnancy.

Usually your doctor will prescribe insulin while you are pregnant. As with all medications, you and your doctor should discuss the use of GLUCOPHAGE if you are nursing a child.

Q17. Are there other risks associated with GLUCOPHAGE?
There is some evidence that any oral diabetes drug may increase the risk of heart problems. Experts are not sure what the real risk is for heart problems and oral diabetes medicine.

Q18. How do I take GLUCOPHAGE?
Your doctor will tell you how many GLUCOPHAGE tablets to take and how often. It should also be printed on the label of your prescription. You will probably be started on a low dose of GLUCOPHAGE and your dosage will be increased gradually until your blood sugar is controlled.

Q19. Where can I get more information about GLUCOPHAGE?
This leaflet is a summary of the most important information about GLUCOPHAGE. If you have any questions or problems, you should talk to your doctor or other health care provider about type 2 diabetes as well as GLUCOPHAGE and its side effects. There is also a leaflet (package insert) written for health professionals that your pharmacist can let you read.

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Revised December 1998 6[illegible]
F5-B0[illegible]

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HOLIDAY MOVIE GUIDE

TAKE A BREAK FROM THE HOLIDAY GRIND AND HEAD TO THE MOVIES. SOME NEW FAMILY-FRIENDLY FILMS TO CONSIDER

ANNA AND THE KING
In the non-musical version of *The King and I*, Jodie Foster stars as a British governess hired by the King of Siam. Opens in December.

BICENTENNIAL MAN
Robin Williams plays an android determined to become human in this romantic drama from director Chris Columbus. Opens in December.

TOY STORY 2
It's sequel time for the blockbuster computer-animation comedy. Voices include Tom Hanks and Tim Allen. Opens November 24.

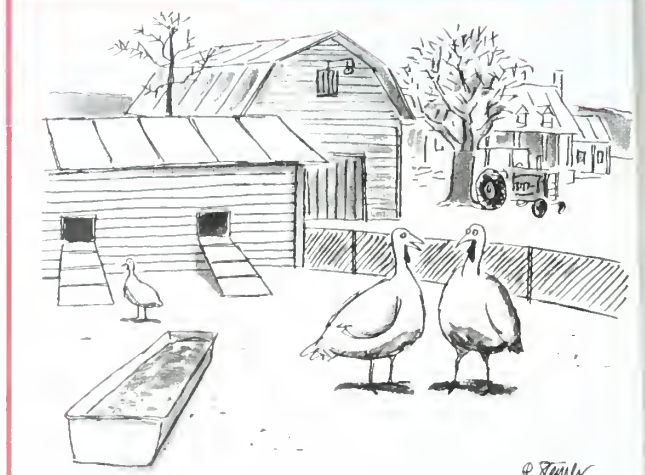
STUART LITTLE
Geena Davis stars in this li- action version of E.B. Whit's book about a family who a pts a pet mouse (voice of Michel J Fox). Opens in December.

Mood Swing

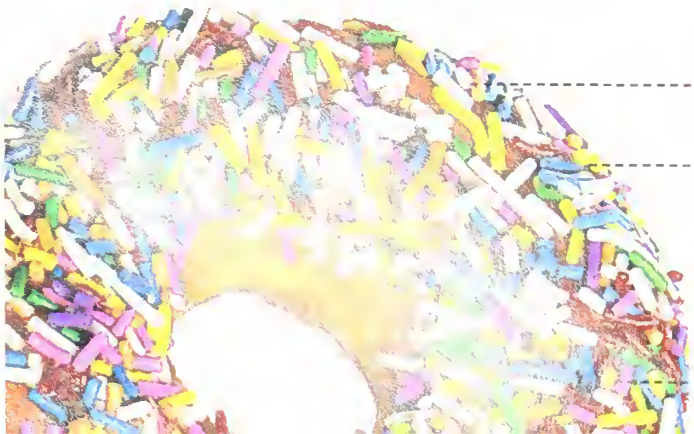
Together-time can get tense at family gatherings. Here are some unusual ways to bond with your brood:

1. Tell everyone to bring along old family photographs and wedding videos. Have a instant-picture camera on hand and take turns making memories.
2. Don sneakers and sweats and head out for a group power walk between dinner and dessert.
3. Transform the day into the board-game Olympics. Learn more about family members by playing:
   ZOBMONDO!! (Zobmondo Entertainment)—A "Would you rather . . . ?" game in which you choose between two bad options (such as eating chalk or eating a roll of paper towels).
   SCRUPLES (Hasbro)—Players ask each other how they would answer moral questions.
   GUESSTURES (Hasbro)—A modernized version of charades, with a timer and word cards.

CARTOON CLASSI



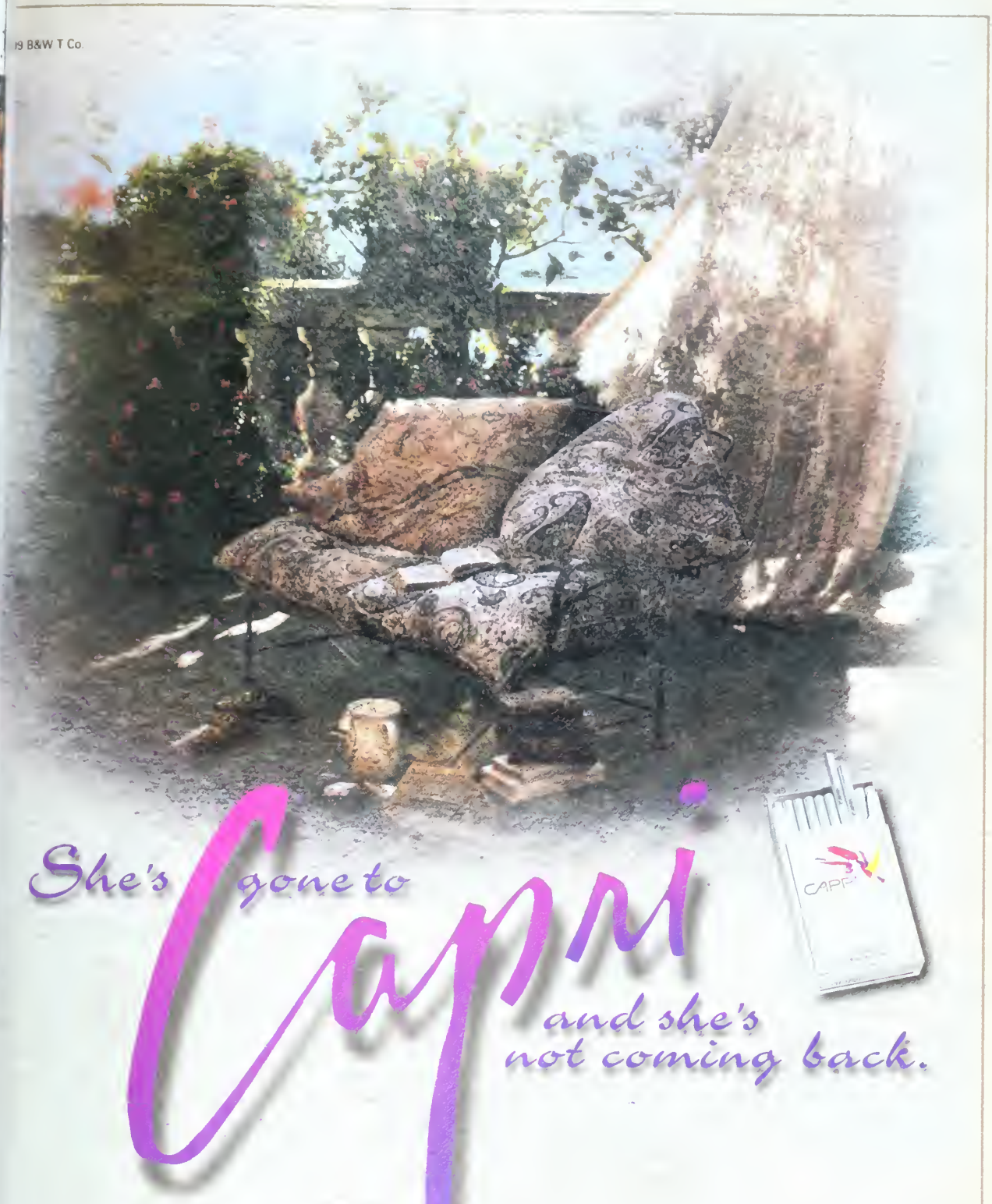
"I like it after the holidays, when the crowds are gone."



THANKFULLY YOURS

A SMATTERING OF THINGS TO BE TRULY GRATEFUL FOR THIS SEASON

- The snooze button
- Seinfeld reruns
- Frizz-Ease
- Pedicures
- Spell check
- Real, handwritten letters
- Krispy Kreme doughnuts
- Swing music
- Naps
- The fact that November is half a year away from bikini season.



URGEON GENERAL'S WARNING: Smoking
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9 mg. "tar", 0.7 mg. nicotine av. per cigarette by FTC method. Actual tar and nicotine deliveries will vary based on how you hold and smoke your cigarette. For more information, contact www.bwtamic.com

www.brownandwilliamson.com



A picture that's worth a thousand words: A fourteen-year-old girl with an anxiety disorder created this work of art to express her feelings

Is Your CHILD At Risk?

From school violence to emotional disorders, kids today face problems their parents never did. Here, expert advice on how to help a child who's headed for trouble

By Dianne Hales



"The most important element of parenting is time, and there's a real shortage of it today," says Harold Koplewicz, M.D., a child and adolescent psychiatrist

Almost daily, we're bombarded with shocking headlines about violent kids. Horrific episodes, such as the Littleton and Jonesboro shootings, have been replicated across the country. Emotional problems, such as depression, are on the rise in children and adolescents. What's a parent to do?

To find out, we went to Harold S. Koplewicz, M.D., a renowned child and adolescent psychiatrist and the director of the New York University Child Study Center, in New York City. He is also the co-editor of a new book, *Childhood Revealed: Art Expressing Pain, Discovery & Hope* (Harry N. Abrams, Inc.), a compilation of drawings and thoughts that offers a glimpse into the world of children dealing with emotional and psychological problems. Koplewicz talked to the *Journal* about the state of our nation's children.

Q Why are so many children today in trouble?

A Actually, most American children are normal kids. They have friends, they're doing well at school. But at least 12 percent of the population under age eighteen—somewhere between eight million to ten million children and teenagers—have a diagnosable psychiatric illness. These children may suffer from something as mild as a learning disorder or as serious as depression. In these cases their lives are much more stressful than the average child's, and their parents' job is much more challenging.

Unfortunately, because of the misconceptions about psychiatric illnesses, we don't give these children's symptoms the same respect or attention we would if they were physical symptoms. Fewer than 20 percent of these kids get the treatment they need.

Q Is it harder to be a child now than it ever was before?

A Yes, I definitely think it's harder. Parents are working, and their time is very limited. Children are *(continued)*



e-schoolers and kindergartners

ics Game *Junior*™

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rt vowels
sonant Short vowel/
sonant words

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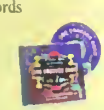
lder children and teens

Phonics Game™

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o to four syllable words

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progressive and fun double
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audio tapes, including
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Give Your Child a Head Start in Reading

with Fun, Easy-to-use Phonics Games

Introduce your child to the wonder of reading with The Phonics Game and Phonics Game *Junior*, and you'll be giving your child a lifetime of reading skills in a fun-filled, easy-to-play game format.

Help Your Child Start Reading Now!

The Phonics Game, ideal for older children and teens, and Phonics Game *Junior*, perfect for pre-schoolers and kindergartners, are the most widely acclaimed phonics-based reading skills programs available. The Phonics Game and Phonics Game *Junior* take advantage of the advanced principles of learning known as "phonics" to teach reading more effectively than traditional methods. Teachers nationwide rely on these proven games to help students of all ages and abilities learn to read.

Give Your Pre-Schooler a Head Start with Phonics Game *Junior*

Phonics Game *Junior* is fun to play! Best of all, your children will develop super learning skills as their confidence grows. Studies have shown that children who develop early reading skills do better in school, and beyond. Plus, they feel great about themselves! A lively board game, big colorful cards, and a delightful puppet character named "Ed" motivate children to learn as they play.



The Phonics Game is *Guaranteed* to Improve Your Child's Reading Skills or Your Money Back!

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...TV and being exposed to violent material. That's not good for any kid, but it's especially problematic, even dangerous, for children with psychiatric illnesses, particularly those who are aggressive or impulsive to begin with. We also have too many guns. When I went to school, a bully might have threatened to beat you up. Today the bullies have guns.

But what I see as the biggest threat to kids now is illicit drugs. They're bad for everyone, of course, but for mentally-ill children, drugs are a double whammy. Often these kids end up with a substance-abuse problem as well as a psychiatric problem.

Q Is it harder to be a parent than ever before?

A Yes. The most important element of parenting is time, and there's a real shortage of it today. You have to spend a quantity of time with your children before you can spend quality time. Working eight or ten hours a day doesn't really make a difference, as long as you can find twenty to thirty minutes for your child. But it has to be time for just the two of you—reading, chatting, playing a game, preparing dinner together.

Spending time with a child is like putting money in a bank: Interest grows. So if there's a problem, you know your child so well that you can tell something's wrong.

Q Are there critical ages in childhood that parents should be aware of?

A First grade is difficult because children learn that play is over. They have to sit in their seats. There's a schedule, and less freedom to do what they'd like to do. Third grade is the time when learning differences show up. By third grade kids are supposed to know how to read. If they're struggling with reading, a teacher can say, "Nine out of ten kids have picked it up. Your child hasn't."

An American invention, which turns out to be a rather stupid one, is middle school, which usually is fifth grade to eighth grade—another critical period. Moving from one class to another with six or seven teachers instead of one can be hard for any child, but it's especially difficult for one who has an attention-deficit or learning disorder. If a child who was a B student becomes a C or D student in middle school, there may be a problem.

The last critical period is adolescence, when depression increases. Normal teens may dye their hair orange or purple, but they still get up in the morning. They attend school. They have friends. They love their mom and dad, even though they might not like them. They're sleeping and eating normally. Massive change is a warning sign of depression.

Q Do boys have it tougher today than girls?

A Before puberty, boys have more difficulty. They have trouble sitting still; they tend to have more learning problems. Lots of boys struggle through school, although they catch up in adolescence. Boys are also more aggressive. Look at the school violence episodes. We keep saying it's children killing children, but it's really boys killing other kids.

During adolescence, girls have more eating disorders. Boys and girls have the same incidence of anxiety disorders and depression. But girls are much more willing to talk about their feelings and to get help. Our society still sees this as a weakness in boys.

Parents face different issues in raising sons and daughters. With boys, parents have to encourage them to express their feelings and be better communicators. They need to teach girls not to be afraid of competition nor ashamed of winning.

Q What are the most common psychological problems kids suffer from?

A The most common psychiatric disorders fall into two categories: the disruptive disorders—including attention-deficit disorder, with or without hyperactivity, and conduct disorders—and internalizing disorders, which include anxiety and mood disorders. One group of kids distracts and disrupts other people; the others are pathologically self-conscious *(continued)*

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...t shy or have terrible worries, but they suffer silently. They're the ones who very often get missed. Depression comes on much more frequently in adolescence than in any other time of childhood. I've read reports stating that there are at least two million kids and teenagers who suffer from depression and probably three million who suffer from anxiety disorders. About 5 percent of all youngsters have learning problems.

Unfortunately, many people still have the misconception that these problems are a sign of weakness. Psychiatric illnesses are as real as physical illnesses. They run in families and often have a physiological basis. If properly identified and diagnosed, the good news is that we have treatments, whether psychosocial interventions or medications, that are effective and safe and that literally can change lives.

Q How can parents distinguish between a child's moodiness and a real emotional problem?

A Two of the things you should look at are your child's school life and his or her play or recreational life. Just because children are inattentive or sad doesn't mean they have attention-deficit disorder or depression. The number-one cause of inattention, in my view, is a boring teacher.

Depression is very different from demoralization, when bad things happen and a kid feels crummy. Depression is a change in mood, attitude, the ab... enjoy things, sleep, appetite, cc... tration. Most often, depressed a... cents are very irritable. The du... and severity of these changes are... differentiate clinical depression... normal adolescent moodiness.

With anxiety disorders, kid... develop obsessive-compulsive ... toms. For instance, they can't... washing their hands. Other kids... separation anxiety. If you can't ... child to birthday parties becau... clings to you or he doesn't w... leave the house, you should be s... what concerned.

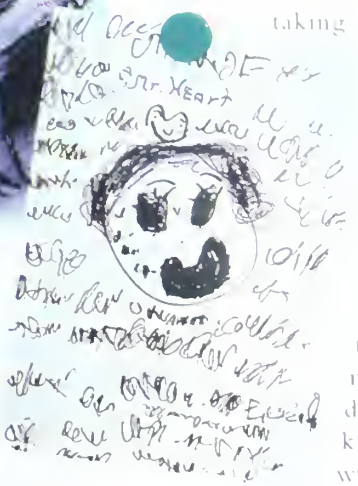
Q What is the typical mis... mothers and fathers make ... it comes to troubled kids?

A Denial. Parents tell themse... "It's just a phase. He'll out... it." Parents should trust their gut ... ings. If they're worried, they sh... get a diagnosis.

The first person to turn to is ... pediatrician or family practitio... Parents should ask the doctor, "Is ... depression or just moodiness? Is t...







ft: The eighteen-year-
st calls her painting
"; "I felt I was 'bad,'
t my heart was
' says a sixteen-year-
of this self-portrait;
ear-old boy titled his
"Overstimulated"

shy child or is it [illegible] phobia? Getting the answers may require evaluation by a mental health professional—a child and adolescent psychiatrist or a clinical psychologist with a specialization in children.

After getting a diagnosis, parents should explore prognosis and treatment options. If the doctor suggests medication, find out the cost-benefit ratio of taking the medicine and, just as critical, of not taking the medicine. Ask: What risks does my child face by taking or not taking this medicine? What are the side effects? How many studies have been done to show that it's effective? How long does my child have to take it? Will it interfere with his normal growth and development? What kind of monitoring will have to be done? How will we know my child is getting the right dosage?

Q How can parents tell if their child is getting the best treatment?

A Parents should ask for a treatment plan that they understand. If, after six months, they see that their child is not significantly better, they should get a second opinion. The best place to go for this is a university-affiliated hospital with a medical school. Call the department of psychiatry and ask for a referral to a child and adolescent psychiatrist or an expert in child mental health. Or call the American Academy of Child and Adolescent Psychiatry at 800-333-7636. ■

For more information on parenting, child mental health and child development, visit the New York University Child Study Center's Web site: www.aboutourkids.org.

Dianne Hales is a contributing editor of Ladies' Home Journal.

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Ten years ago, *Ladies' Home Journal* chose these five readers to represent the American woman. Since then we've followed them through the nineties, witnessing their joys and their sorrows. Now, as a new century draws near, our Voices of the Decade reflect on the lessons of the past and look forward to what the future holds

By Kathryn Casey



special report

VOICES OF THE DECADE

WE INTRODUCED THEM IN JANUARY 1989. THE WINNERS

MY MOST DIFFICULT YEAR"



LADIES' HOME JOURNAL VISITS THE WHITE HOUSE



From the top: In 1989, the Journal announced the winners of our Voices of the Decade Contest. For the next ten years, we were there for their toughest times and their most memorable moments—such as this historic visit with Hillary Clinton at the White House



DIANE BISHOP, 41, Malvern, Pennsylvania
Husband: Dave, factory manager, 44
Children: Sean, 14; stepdaughter LeighAnn, 14

In 1989, Diane was a single mother with a high-pressure job. She'd suffered for years with mysterious health problems, and finally, in 1993, she was diagnosed with lupus, a chronic autoimmune disorder. By that time, she'd married again. But her lupus worsened, and in early 1996, Diane had to file for long-term disability from her job.

THE BEST MOMENT OF THE LAST DECADE: My wedding to Dave, the man I want beside me forever, after being single for six years.

THE WORST MOMENT: Getting sick enough to have to go on disability. The lupus symptoms—arthritis, fatigue and pleurisy—had progressed until I was sometimes forced into a wheelchair. In addition, I'd developed fibromyalgia, a muscle disorder that's often associated with lupus.

WHAT SHE'S LEARNED: That it's *(continued)*

here's one person I won't be.



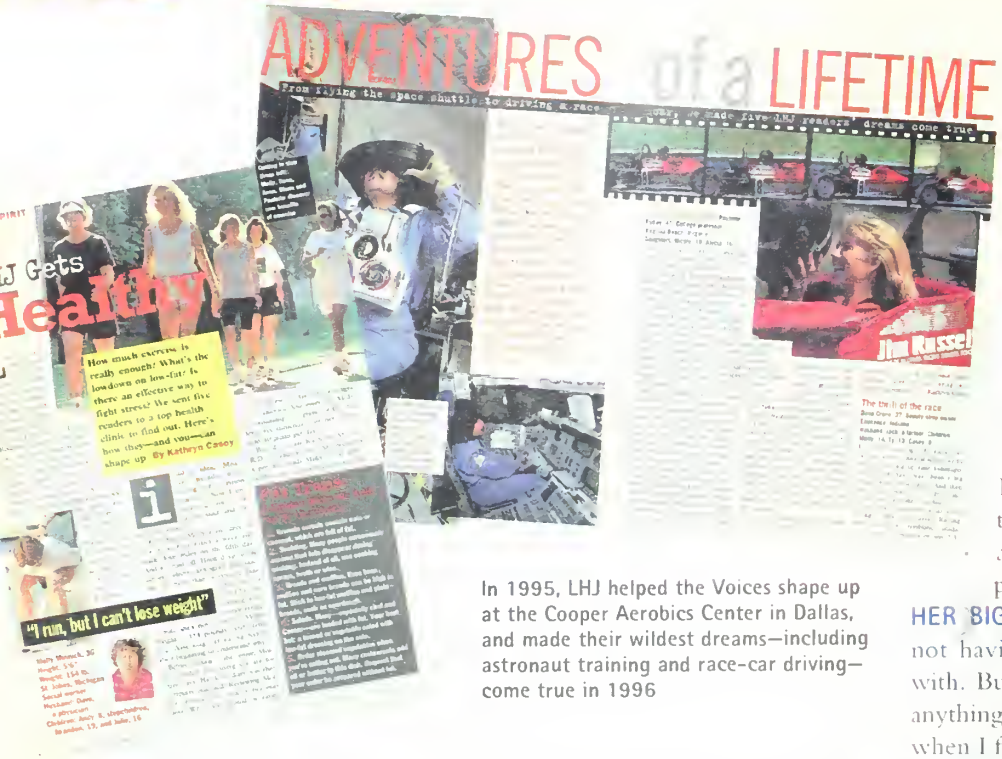
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In 1995, LHJ helped the Voices shape up at the Cooper Aerobics Center in Dallas, and made their wildest dreams—including astronaut training and race-car driving—come true in 1996

(continued) not what you do, but the impact you have on your children that counts. In some ways, being disabled has been a blessing, since it's given me more time with my son.

WHAT HER LIFE WILL BE LIKE IN 2010: I think I'll have a better handle on my health problems; doctors will know more about treating lupus. Maybe I'll even have a new career, such as photography. I've been taking classes, and I love it.

HER HERO: My husband. After everything we've been through, he still has a positive attitude.

BIGGEST REGRET: That I didn't stick up for myself more with doctors. When I got sick, I didn't always demand answers when I needed them.

WHAT SHE FEARS MOST: Not living to see our children grow up. It gave me tremendous peace of mind when Dave adopted Sean in 1993.



PAULETTE POLLEY, 50, associate professor, Virginia Beach, Virginia; divorced
Children: Nicole, 22, Alycia, 19

Over the years, Paulette's life has changed dramatically. In 1989, she was a doctor's wife in Akron, Ohio. Then, in 1994, her twenty-three-year marriage suddenly ended. In 1996, she picked up and moved to Virginia Beach and began a new life as a professor at Norfolk State University.

PROUDEST MOMENT: Earning my Ph.D. in international business, after working on it for twelve years.

THE LOW POINT: My divorce. It was a real shocker for me. Now, looking back, I can see it was for the best. The divorce forced me to grow up in ways that I never would have if I'd stayed married. I've learned how to handle my own finances, to enjoy my own company and that being alone isn't necessarily being lonely.

WHAT SHE'D CHANGE: Not one thing. It's been one hell of a ride.

WHAT SHE'S LEARNED: That my parents are incredibly wise. They taught me that family is what's important, not money or social status. And they always said, "Believe in yourself. If you do, things will work out." They were right.

WHAT HER LIFE WILL BE LIKE IN 2010: I'm not ruling anything out. I might go from the classroom to administration, maybe into consulting. I'm still not done.

HOW SHE THINKS H DAUGHTERS' LIVES WI DIFFER FROM HER OW I see them availing ther selves of more opportun ties than I did. I was a ch of the fifties. When I we off to college, my moth told me to find a husban I've never said that to n daughters. I think their liv today show the differenc Nicole is a media sales assi tant for MTV in Chicag and Alycia is majoring i public relations.

HER BIGGEST FEAR: Being old an not having anyone to share my li with. But I'm not going to rush int anything. I'm willing to let it happe when I find the right person.



MOLLY MINNICK, 40, social worker, St. Johns, Michigan
Husband: Dave, 49, physician
Children: Andy, 12, Molly Carol, 3; stepchildren: Brandon, 23, Julie, 20

When we first met Molly, she'd just begun her career as a social worker, and her husband had just finished medical school. Since then, the family has moved twice, Brandon and Julie have left for college, and Molly started her own business. Finally, after struggling with years of infertility, she became pregnant in 1995.

THE HIGH POINT: Giving birth to Molly Carol. We desperately wanted a second baby, but were told I couldn't conceive. When I got pregnant, we were thrilled.

THE LOW POINT: Dave's parents both died within six weeks of each other in 1991. It was very, very hard.

WHAT SHE'S LEARNED: To be more patient, with myself and the children. I've learned that if you stay the course, things usually work out.

BIGGEST DISAPPOINTMENT: That I haven't learned to manage my time better. I continue to take *(continued)*

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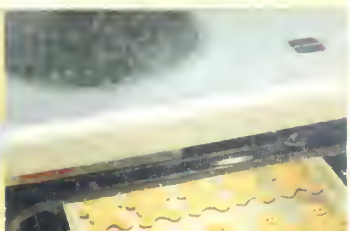
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(continued) on too many things. Sometimes I still put other people's needs ahead of my family's.

GREATEST SUCCESS: Our four children. And, after traveling to see a "baby pantry" in the Appalachian Mountains for *Ladies' Home Journal* in 1996, I opened one in St. Johns a year later. Now there are two more in our area. All together, we have helped clothe and feed more than three thousand babies.



DANA CRONE, 40, beauty shop owner/operator, Eminence, Indiana
Husband: Jack, 47, farmer
Children: Molly, 17, Ty, 16, Casey, 12

Dana's story represents a vanishing way of life: that of the American farm family. Many of the battles she and her husband fight today are the same ones they faced a decade ag such as low prices for the cro they harvest. In 1993, to help o financially, Dana opened a hair s lon next to their home. That sam year, Jack's nineteen-year-o daughter from a high-school liais sought him out; today, they have close relationship.

THE LOW POINT OF THE PAS DECADE: Molly's accident last wi ter. She broke *(continued on page 11*

Mothers of the Century

Last spring, we asked readers with daughters who will be ages one, five and ten in the year 2000 to tell us their hopes and dreams for their little girls. We will be following their lives over the next decade. Here, meet our six inspiring Mothers of the Century.



JESSICA ROLES, 26
Office assistant
Richvale, California
Husband: Perry, 27
Daughter: Courtney, 1

"I hope my daughter keeps the sense of wonder and discovery that I see in her now. I want her to know and feel that she is loved, that she can be and accomplish whatever she sets her mind to.

"My husband and I need to be appropriate role models for her. We cannot expect nor allow child-care providers, teachers or government agencies to raise her. We must let her know that she is our first priority and we cherish our time with her."



KIM SCHAFER, 40
Stay-at-home mom
Spokane, Washington
Husband: Mark, 42
Daughters: Madisen, 4, Cassandra, 7, Amanda, 8

"At two months, Maddy contracted pneumococcal meningitis, and became profoundly deaf.

"Two and a half years later, Maddy had surgery to install a cochlear implant, a revolutionary device that allows her to hear sounds. It was such an awesome feeling to see her face the first time she heard noise.

"Maddy is now almost five, and the implant has opened up her world. I hope that Maddy can show others that they, too, can conquer any obstacles."



NINA CLARKE CHOW, 36
A senior vice president at Katz Radio Group
Forest Hills, New York
Husband: Jeffrey, 43
Children: Kaitlin, 9, and triplets Dylan, Kylie and Brandon, 2

"I look into my daughter Kaitlin's eyes and I see all the hopes, fears and dreams that I felt many years ago. She is so much like me.

"I dream of innocence for her in this all-too-sophisticated world. I dream of giving Kaitlin everything, without giving her too much. Most of all, I dream of happiness and fun for her in whatever life she chooses."



MICHELLE SCHULTZ, 31
Looking for a full-time job; Hillsborough, New Jersey
Husband: Dennis, 26
Daughters: Alexandra, 1, Kaaliyah, 12

"There are things I struggle with daily that I hope my daughters will not have to deal with. One is racial hatred. In 1997, when I was pregnant, a white man ran toward my parked car, calling me the N-word and beating on the hood. I was terrified.

"I know that there are places that I cannot live, work or play because of unspoken racial prejudices. I hope that will change in my lifetime, and certainly in my children's."



ALISON CRANSHAW, 36
Stay-at-home mom
Elk Grove, California
Husband: Robert, 37
Children: Jasmine, 3, Demitri, 5, Sergio, 17

"My hope for my daughter, Jasmine [who will be five next December], is that she has a foundation that will keep her strong and steady. The main layer of that foundation will be faith and family.

"I also hope Jasmine will have confidence about who she is. I want her to live in a society where she can celebrate the fact that she is biracial. That starts at home with the knowledge that she is loved and cherished."



MARY CHAMBERLAIN, 45
Adoption social worker
Oak Hill, Virginia
Husband: Jesse, 46
Children: Nicole, 9, Alex, 12

"On January 14, 1990, in Santiago, Chile, a very special infant was born. She spent her first few months in a foster home until my husband and I traveled to Chile and brought her into our lives forever.

"Like any mother, I have high hopes for my daughter's future. Nicole was not born an American, but she has earned the right to be one. She has a gift, and I expect great things from her."

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2 Does climbing stairs make you wheeze?



3 Do you use a fast-acting inhaler more than twice a week?



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FLOVENT® 220 mcg
(fluticasone propionate, 220 mcg)
Inhalation Aerosol

For Oral Inhalation Only

The following is a brief summary only; see full prescribing information for complete product information.

CONTRAINDICATIONS: FLOVENT Inhalation Aerosol is contraindicated in the primary treatment of status asthmaticus or other episodes of acute asthma where intensive measures are required.

Hypersensitivity to any of the components of these preparations contraindicates their use.

WARNINGS:

Particular care is needed for patients who are transferred from systemically active corticosteroids to FLOVENT. Some Aerosol. Because of the risk of adrenal insufficiency in patients with asthma during and after transfer from systemic corticosteroids to less systemic agents, withdrawal of corticosteroids. After withdrawal from systemic corticosteroids, a number of months are required for recovery of hypothalamic-pituitary-adrenal (HPA) function.

Patients who have been previously maintained on 20 mg or more per day of prednisone or its equivalent may be most susceptible. Since adrenal the systemic corticosteroids have been almost completely withdrawn. During this period of HPA suppression, patients may exhibit signs and symptoms of adrenal insufficiency when exposed to trauma, surgery or infection (particularly gastroenteritis) or other conditions associated with severe electrolyte loss. Although fluticasone propionate inhalation aerosol may provide control of asthma symptoms during these episodes, in recommended doses it supplies less than normal physiological amounts of glucocorticoid systemically and does NOT provide the mineralocorticoid activity that is necessary for adequate control of these emergencies.

During periods of stress or a severe asthma attack, patients who have been withdrawn from systemic corticosteroids should be instructed to resume oral corticosteroids (in large doses) immediately and to contact their physicians for further instruction. These patients should also be instructed to carry a warning card indicating that they may need supplemental systemic corticosteroids during periods of stress or a severe asthma attack.

Patients requiring oral corticosteroids should be weaned slowly from systemic corticosteroid use after transferring to fluticasone propionate inhalation aerosol. In a trial of 96 patients, prednisone reduction was successfully accomplished by reducing the daily prednisone dose by 2.5 mg on a weekly basis during transfer to inhaled fluticasone propionate. Successive reduction of prednisone dose was allowed only when lung function, symptoms, and as-needed beta-agonist use were better than or comparable to that seen before initiation of prednisone dose reduction. Lung function (forced expiratory volume in 1 second [FEV-1] or morning peak expiratory flow rate [AM PEFR]), beta-agonist use and asthma symptoms should be carefully monitored during withdrawal of oral corticosteroids. In addition to monitoring asthma signs and symptoms, patients should be observed for signs and symptoms of adrenal insufficiency, such as fatigue, lassitude, weakness, nausea and vomiting, and hypotension.

Transfer of patients from systemic corticosteroid therapy to fluticasone propionate inhalation aerosol may unmask conditions previously suppressed by the systemic corticosteroid therapy, e.g., rhinitis, conjunctivitis, eczema, and arthritis.

Persons who are on drugs that suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in susceptible children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

Fluticasone propionate inhalation aerosol is not to be regarded as a bronchodilator and is not indicated for rapid relief of bronchospasm.

As with other inhaled asthma medications, bronchospasm may occur with an immediate increase in wheezing after dosing. If bronchospasm occurs following dosing with FLOVENT Inhalation Aerosol, it should be treated immediately with a fast-acting inhaled bronchodilator. Treatment with FLOVENT Inhalation Aerosol should be discontinued and alternative therapy instituted.

Patients should be instructed to contact their physicians immediately when episodes of asthma that are not responsive to bronchodilators occur during the course of treatment with fluticasone propionate inhalation aerosol. During such episodes, patients may require therapy with oral corticosteroids.

PRECAUTIONS:

General: During withdrawal from oral corticosteroids, some patients may experience symptoms of systemically active corticosteroid withdrawal (e.g., joint and/or muscular pain, lassitude and depression), despite maintenance or even improvement of respiratory function.

Fluticasone propionate will often permit control of asthma symptoms with less suppression of HPA function than therapeutically equivalent oral doses of prednisone. Since fluticasone propionate is absorbed into the circulation and can be systemically active at higher doses, the beneficial effects of fluticasone propionate inhalation aerosol in minimizing HPA dysfunction may be expected only when recommended dosages are not exceeded and individual patients are titrated to the lowest effective dose. A relationship between plasma levels of fluticasone propionate and inhibitory effects on stimulated cortisol production has been shown after 4 weeks of treatment with fluticasone propionate inhalation aerosol. Since individual sensitivity to effects on cortisol production exists, physicians should consider this information when prescribing fluticasone propionate inhalation aerosol.

Because of the possibility of systemic absorption of inhaled corticosteroids, patients treated with these drugs should be observed carefully for any evidence of systemic corticosteroid effects. Particular care should be taken in observing patients postoperatively or during periods of stress for evidence of inadequate adrenal response.

It is possible that systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear in a small number of patients particularly at higher doses. If such changes occur, fluticasone propionate inhalation aerosol should be reduced slowly, consistent with accepted procedures for withdrawing systemic corticosteroids and for management of asthma symptoms.

A reduction in growth velocity in children or teenagers may occur as a result of inadequate control of chronic diseases such as asthma or from use of corticosteroids for treatment. Physicians should closely follow the growth of adolescents taking corticosteroids by any route and weigh the benefits of corticosteroid therapy, and asthma control against the possibility of growth suppression, if an adolescent's growth appears slowed.

The long-term effects of fluticasone propionate in human subjects are not fully known. In particular, the effects resulting from chronic use of fluticasone propionate on developmental, immunologic processes in the mouth, pharynx, trachea, and lung are unknown. Some patients have developed thrush (oropharyngeal candidiasis) during fluticasone propionate therapy. Fluticasone propionate has been associated with a small loss in bone density in 1-year clinical studies with patients treated chronically. Physicians should monitor patients using fluticasone propionate for any evidence of these effects. In the two 1-year studies, the effect of fluticasone propionate (if any) on bone density was less than that observed with oral corticosteroids.

Rare instances of glaucoma, increased intraocular pressure, and cataracts have been reported following the inhaled administration of corticosteroids, including fluticasone propionate.

In clinical studies with inhaled fluticasone propionate, the development of localized infections of the pharynx with *Candida albicans* has been noted. When such an infection develops, it should be treated with appropriate topical or systemic (i.e., oral or parenteral) antifungal therapy while remaining on treatment with fluticasone propionate inhalation aerosol, but at times therapy with fluticasone propionate may need to be interrupted.

Inhaled corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract; untreated systemic fungal, bacterial, viral or parasitic infections; or ocular herpes simplex.

Eosinophilic Conditions: In rare cases, patients on inhaled fluticasone propionate may present with systemic eosinophilic conditions. Some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic oral corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. Cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids in this clinical setting. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see ADVERSE REACTIONS).

Information for Patients: Patients being treated with FLOVENT Inhalation Aerosol should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should use FLOVENT Inhalation Aerosol at regular intervals as directed. Results of clinical trials indicate significant improvement in symptoms within 1 day, but full treatment, however, the full benefit may not be achieved until treatment has been administered for 1 or 2 weeks or more. Patients should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if they worsen.

Patients should be warned to avoid exposure to chickenpox or measles and, if they are exposed to consult their physician without delay. While taking corticosteroids because of FLOVENT Inhalation Aerosol and to attain maximum improvement, the patient should avoid any unnecessary exposure to [illegible].

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in studies of mice and rats at oral doses of 1 mg/kg (approximately 1 time the maximum human daily inhalation dose based on mcg/m² for 78 weeks in the mouse and approximately 2 times the maximum human daily inhalation dose based on mcg/m² for 104 weeks in the rat).

Fluticasone propionate was not mutagenic in prokaryotic or eukaryotic cells in vitro. No significant effects were seen in the micronucleus test in human peripheral lymphocytes in vitro or in the in vivo mouse micronucleus test when administered at high doses of the oral subcutaneous route. Furthermore, the compound did not produce chromosomal damage in bone marrow.

No evidence of impairment of fertility was found in reproductive studies conducted in rats dosed subcutaneously with doses of fluticasone propionate approximately 1/4 the maximum human daily inhalation dose based on mg/m² in males and females. However, prostate and seminal vesicle weights were reduced in male rats.

Pregnancy: *Teratogenic Effects:* Pregnancy Category C. Subcutaneous studies in the mouse and rat at 45 and 75 mcg/kg/day, respectively (approximately 1/5 and 1/2 the maximum human daily inhalation dose based on mcg/m² respectively), revealed fetal [illegible] characteristic of potent glucocorticoids, including embryotoxic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed following subcutaneous doses of 4 mcg/kg (approximately 1/25 maximum human dose based on mcg/m²). However following oral administration of up to 300 mcg/kg (approximately 3 times the maximum human dose based on mcg/m²) of fluticasone propionate to the rabbit, there were no maternal effects nor increased incidence of fetal abnormalities. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of full prescribing information).

Less than 1.008% of the administered dose crossed the placenta following oral administration of 100 mcg/kg to rats or 300 mcg/kg to rabbits (approximately 1/2 and 3 times the maximum human daily inhalation dose based on mcg/m² respectively).

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Experience with oral glucocorticoids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from glucocorticoids than humans. In addition, because there is a natural increase in glucocorticoid production during pregnancy, most women will require a lower exogenous glucocorticoid dose and many will not need glucocorticoid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. Subcutaneous administration of 100 mcg/kg to lactating rats (approximately 1/20 the maximum human daily inhalation dose based on mcg/m²) resulted in measurable radioactivity in milk. Because glucocorticoids are excreted in human milk, caution should be exercised when fluticasone propionate inhalation aerosol is administered to a nursing woman.

Pediatric Use: One hundred thirty-seven (137) patients between the ages of 12 and 16 years were treated with fluticasone propionate inhalation aerosol in the US pivotal clinical trials. The safety and effectiveness of FLOVENT Inhalation Aerosol in children below 12 years of age have not been established. Corticosteroids have been shown to cause a reduction in growth velocity in children and teenagers with extended use. If a child or teenager requires long-term treatment, it appears to have growth suppression the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: Five hundred seventy-four (574) patients 65 years of age or older have been treated with fluticasone propionate inhalation aerosol in US and non-US clinical trials. There were no differences in adverse reactions compared to those reported by younger patients.

ADVERSE REACTIONS: The following incidence of common adverse experiences is based upon 7 placebo-controlled US clinical trials in 1,116 patients, 546 female and 734 male adolescents and adults previously treated with as needed bronchodilators and/or inhaled corticosteroids. Patients were treated with fluticasone propionate inhalation aerosol doses of 88 to 440 mcg twice daily for up to 12 weeks) or placebo.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in US Controlled Clinical Trials in Patients Previously Receiving Bronchodilators and/or Inhaled Corticosteroids

Adverse Event	Placebo (n = 475) %	FLOVENT 88 mcg twice daily (n = 488) %	FLOVENT 220 mcg twice daily (n = 99) %
Ear, nose, and throat			
Pharyngitis	7	10	14
Nasal congestion	8	8	16
Sinusitis	4	3	6
Nasal discharge	3	5	4
Dysphonia	1	4	3
Allergic rhinitis	4	5	3
Oral candidiasis	1	2	3
Respiratory			
Upper respiratory infection	12	15	22
Influenza	2	3	8
Neurological			
Headache	14	17	22
Average duration of exposure (days)	44	66	64

The table above includes all events, whether considered drug-related or nondrug-related by the investigator, that occurred at a rate of 3% or greater in any of the combined fluticasone propionate inhalation aerosol groups and were more common than in the placebo group. In considering these data, differences in the average duration of exposure should be taken into account.

These adverse reactions were mostly mild to moderate in severity, with ≤2% of patients discontinuing the studies because of adverse events. There were cases of immediate and delayed hypersensitivity reactions, including urticaria and rash and other rare events of angioedema and bronchospasm, reported.

Systemic glucocorticoid side effects were not reported during controlled clinical trials with fluticasone propionate inhalation aerosol. If recommended dosages are exceeded, however, or if individuals are particularly sensitive, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

Other adverse events that occurred in these clinical trials using fluticasone propionate inhalation aerosol with an incidence of 1% to 3% and which occurred at a greater incidence than with placebo were:

Ear, Nose, and Throat: Pain in nasal sinus(es), rhinitis.

Eye: Irritation of the eyes.

Gastrointestinal: Nausea and vomiting, diarrhea, dyspepsia, and stomach disorder.

Miscellaneous: Fever.

Mouth and Teeth: Dental problem.

Musculoskeletal: Pain in joint, sprain/strain, aches and pains, pain in limb.

Neurological: Dizziness, dizziness.

Respiratory: Nasal sinus, chest congestion.

Skin: Contact dermatitis, rash, irritation.

Urogenital: Dysmenorrhea.

In the 1-week trial of patients with asthma requiring oral corticosteroids, the effects of fluticasone propionate inhalation aerosol, 660 mcg twice daily, and oral prednisone, 40 mg/day for 2 weeks, were compared with placebo. Adverse events (whether considered drug-related or nondrug-related) that occurred in greater than 2% of patients in either fluticasone propionate group and which were more common with fluticasone propionate than with placebo are shown below:

Ear, Nose, and Throat: Pharyngitis (19% and 25%), nasal congestion (19% and 22%), sinusitis (19% and 22%), nasal discharge (16% and 19%), ear, nose, throat infections (13% and 0%), Candida-like oral lesions (16% and 9%), oropharyngeal candidiasis (25% and 0%).

Respiratory: Upper respiratory infection (13% and 19%), influenza (0% and 13%).

Other: Headache (13% and 34%), pain (0% and 19%), nausea and vomiting (22% and 16%), muscular soreness (22% and 13%), dysmenorrhea (0% and 13%).

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during clinical use of fluticasone propionate inhalation aerosol in clinical practice. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events are listed here for discussion due to either their seriousness, frequency of reporting, causal connection to fluticasone propionate, or a combination of these factors.

Ear, Nose, and Throat: Throat dryness and irritation, hoarseness, laryngitis, aphonia.

Endocrine and Metabolic: Cushing's syndrome, growth velocity reduction in children/adolescents, weight gain, hyperglycemia.

Psychiatry: Nervousness, agitation, aggressive behavior, depression.

Respiratory: Immediate bronchospasm, asthma exacerbation, dyspnea, wheeze, chest tightness, bronchospasm, cough.

Skin: Urticaria, angioedema, rash.

Eosinophilic Conditions: In rare cases, patients on inhaled fluticasone propionate may present with systemic eosinophilic conditions, with some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic oral corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. Cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids in this clinical setting. Physicians should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see PRECAUTIONS, Eosinophilic Conditions).

OVERDOSAGE: [illegible] may result in signs/symptoms of hypercorticism (see PRECAUTIONS). Inhalation by healthy volunteers of a single dose of 1 mg (10 times the maximum recommended daily dose) of fluticasone propionate inhalation aerosol was well tolerated. Fluticasone propionate given by inhalation aerosol at doses of 1 mg twice daily for 10 days to healthy human volunteers was also well tolerated. Repeat oral doses up to 80 mg daily for 10 days in healthy volunteers and repeat oral doses up to 20 mg daily for 42 days in patients were well tolerated. Adverse reactions were of mild or moderate severity and were similar in nature to those reported for placebo treatment groups. The oral and subcutaneous median lethal doses in rats and mice were >1000 mg/kg (approximately 500 times the maximum recommended daily inhalation dose based on mg/m²).

GlaxoWellcome

Glaxo Wellcome Inc.
Research Triangle Park, NC 27709

[illegible] 4 Jan 120

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OF THE DECADE

...m page 112

...hen she hit a telephone pole ...dding. The doctor said that ...he type of injury people died ...des ago.

...PPIEST SURPRISE: Two ...hat our children turned out to ... great kids, and second, that ...aghter, Tonya, found us. He ... when we were dating that he ...ve fathered a child in high ...ut never mentioned it again ... found us in 1993. She's so ...e him, it's scary.

... DISAPPOINTMENT: That we ...tter off financially. As farmers, ... so little control over our des... ...is year, our crops are good, ...rices we get for them are hor... ...it weren't for the beauty shop, ...lly be in trouble.

...RO: My mother. She was di... ...with four children. She never ...ned. She was always optimistic, ...hings were horrible. I see simi... ...in our daughter.

...ST WORRY: That the farm ...lways be there for Jack and our ...n. We've already lost land we ... lease when the owners sold ...velopers can pay big bucks, and ... don't have a chance.

...SHE SEES FOR THE FUTURE: ...red because there's a decline in ...erican family. People are work... ... and night, seven days a week. ...e even cares if families go to ... together anymore.

...SHE THINKS HER DAUGHTER'S ...ILL BE DIFFERENT THAN HER ... I hope she doesn't have to ...e as much as Jack and I did. If ...rsues a college education (she ... to go into sports medicine and ...al therapy), I'm hoping things ... easier for her.



ANNE WEATHERILL, 54, secretary, Corpus Christi, Texas
Husband: Jim, 53, airline pilot
Children: Maryanne, 31, Christine, 26

... years that we've followed her, ...has gone from being a full-time ...mom to an empty nester and working woman. Two years ago she faced one of her greatest challenges when she was diagnosed with breast cancer, the disease her mother died from. Today, her prognosis is good.

THE HIGH POINT OF THE LAST DECADE: When our daughters got their master's degrees. Both have great jobs now. Maryanne works as a speech therapist at a hospital, and Christine works with junior high kids as a drug intervention specialist.

THE LOW POINT: Early on, when Jim's mom died in 1989. My mom had died of breast cancer seven years before that. It's hard not having them around. You still need your mom as much when you're fifty as you do when you're ten.

THE BIGGEST LIFE CHANGE: Being a couple again after the kids left. It was like starting over as newlyweds.

MOST SATISFYING ACCOMPLISHMENT: In the early nineties, I volunteered with a literacy program and began teaching a woman to read. What's so remarkable is that a couple of years later, she wrote me a letter of recommendation. Her letter helped get me a job.

GREATEST DISAPPOINTMENT: Living so far away from my children. Our daughters both live in Washington State. I look forward to having a grandchild, but at the same time, I sometimes think it would be just another person to miss.

WHAT HER LIFE WILL BE LIKE IN 2010: Jim has this dream of retiring and having a boat. I support him, because I think he's earned it.

BIGGEST WORRY: That we won't stay healthy. That I'll be seasick all the time and my husband will wonder why he's still married to me!

WHAT SHE'S NO LONGER AFRAID OF: Breast cancer. Being diagnosed with the disease was my greatest fear until it happened. I had a lumpectomy and I'm taking raloxifene, a drug that lowers chances of a recurrence. Now, I feel I've conquered it. ■

Kathryn Casey is a contributing editor to Ladies' Home Journal.





WHY YOU'RE A BETTER DRIVER THAN HE IS

Contrary to conventional wisdom, men are more likely than women to get into a car crash in which someone is killed. A recent study conducted in New York City shows that men are at the wheel in crashes that kill pedestrians three times more often than women, per mile driven. If everyone drove like a woman, the annual death rate among New York pedestrians would drop from 250 to about 100, speculates researcher Charles Komanoff.

PROSTATE CANCER ALERT

If your husband is having a prostate biopsy, be sure to ask the doctor whether he has a lesion called P.I.N., which stands for prostatic intraepithelial neoplasia. P.I.N. can be an early marker for prostate cancer, according to a new report. Prostate cancer is the second leading cancer killer of men. Nearly 180,000 cases are expected to be diagnosed this year.

In the study, half of the men with P.I.N. were diagnosed with prostate cancer—the majority within two years of the biopsy—as opposed to 21 percent of those without the lesion. The good news is these cancers were slow growing.

Still, any man with P.I.N. should receive follow-up biopsies to check for cancer every three to six months for two years, says Christopher Nauman, M.D., the lead author of the study and a staff oncologist at St. Elizabeth's Medical Center, in Boston.

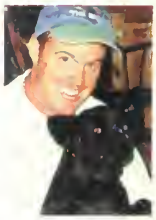


MAN, THE SPECIES

WHY DO MEN LOVE SMOKING CIGARS?

It's an excuse to spend time alone with the guys, says Herb Goldberg, Ph.D., professor of psychology at California State University in Los Angeles, and author of *What Men Really Want* (Penguin, 1991). "Married men feel guilty when they want to be apart from their wives, so they look for legitimate reasons to do so," he explains. Most women don't like cigars, so men can bond without feeling bad about leaving their wives behind.

QUESTION OF THE MONTH: WHAT MAKES MEN STAY IN LOVE? (from our panel)



Ross Bretches, 30, married; Waynesboro, Virginia

"My wife goes out of her way to show me how much she cares. She takes on chores herself, such as painting the house; and she makes me incredible dinners."



Jeff Huhta, 32, single; Fort Collins, Colorado

"It's my girlfriend's little acts of kindness. Recently, after I rode my bike home from work, I found her waiting with a cold glass of water."



Eddie Chapman, 36, married; one daughter, 9; Chicago

"My wife suggests spur-of-the-moment activities for the two of us, like long car rides or an overnight stay at a hotel. These stolen moments keep the sparks flying."

OATMEAL LOVERS,

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AZO. THE NUMBER ONE NAME IN UTI SYMPTOM RELIEF, NOW HAS THE MOST ADVANC LINE OF PRODUCTS TO HELP MAKE UTI'S LESS ANNOYING, LESS PAINFUL, LESS WORRISC

DIAGNOSIS To start with, now when you feel those unmistakable UTI symptoms, you can simply test yourself at home with new *AZO TEST STRIPS*™ and call your doctor with the results. With two tests in one, using the same test pads used by most doctors, this is the most reliable UTI test you can buy.

RELIEF And when you do get a UTI, why suffer till you get to the doctor when you can get fast relief from urinary pain, burning, urgency and frequency with *AZO STANDARD*®. It contains the ingredient most prescribed by doctors for fast relief of urinary pain.

STAYING HEALTHY Also, to help maintain a healthy urinary tract, you can take *AZO CRANBERRY*® concentrated cranbe capsules, for the bene of cranberry juice i convenient low-calo capsule form.

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Advances in MEDICINE

Not so long ago, a simple infection was often life-threatening and a couple who couldn't conceive had few options. But years of scientific study have reaped breakthroughs so monumental that the entire face of health care has changed. To mark the passage into a new era, we took a look at some of the greatest stories of the past, the biggest gains in our understanding of the human body, the research that is poised to provide the next great advances, and a wish list of what doctors now dream of accomplishing

WOMEN'S HEALTH: TODAY & TOMORROW



MIRACLE BABIES: TWINS TOGETHER



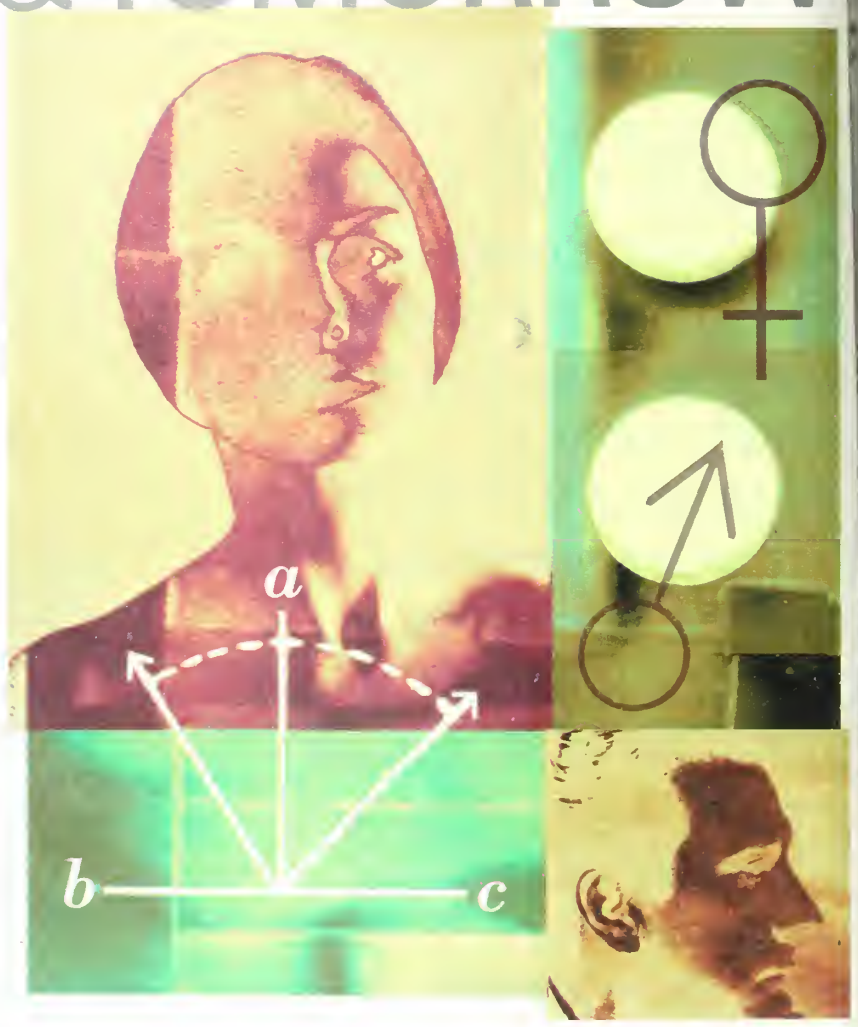
REINVENTING THE HUMAN BODY



Women's Health: TODAY & TOMORROW

Research has led to amazing tests, treatments and cures—and scientists say more advances are on the way

By Ronny Frishman



For women's health, the last decade could well be dubbed the Age of Enlightenment. "The atmosphere has changed; women's health is being integrated into so many fields," notes Florence P. Haseltine, M.D., Ph.D., director of the Center for Population Research at the National Institute of Child Health and Human Development, in Bethesda, Maryland. Researchers and doctors—finally acknowledging that the female body is more than a reproductive vessel—are starting to consider a woman's health-care needs over her lifetime.

This "revolution" is due in large part to the lobbying efforts of activists and advocacy groups like the Society for Women's Health Research, which Haseltine co-founded in 1990. In addition to pressing for funds to study conditions that disproportionately affect women, the Washington, D.C.–based Society criticized the lack of women in clinical trials and standards of care defined using only a "male model."

Their efforts are paying off: In 1993, a law was passed stating that women must be included in all federally funded research projects (unless it's physically impossible—for example, a study investigating prostate cancer). Nearly a decade of basic research has revealed fascinating details about the similarities and differences of the male and female systems. But our knowledge is still limited. "We need to be looking across the board at these biological differences and the implications for all diseases," notes Phyllis Greenberger, M.S.W., the Society's executive director.

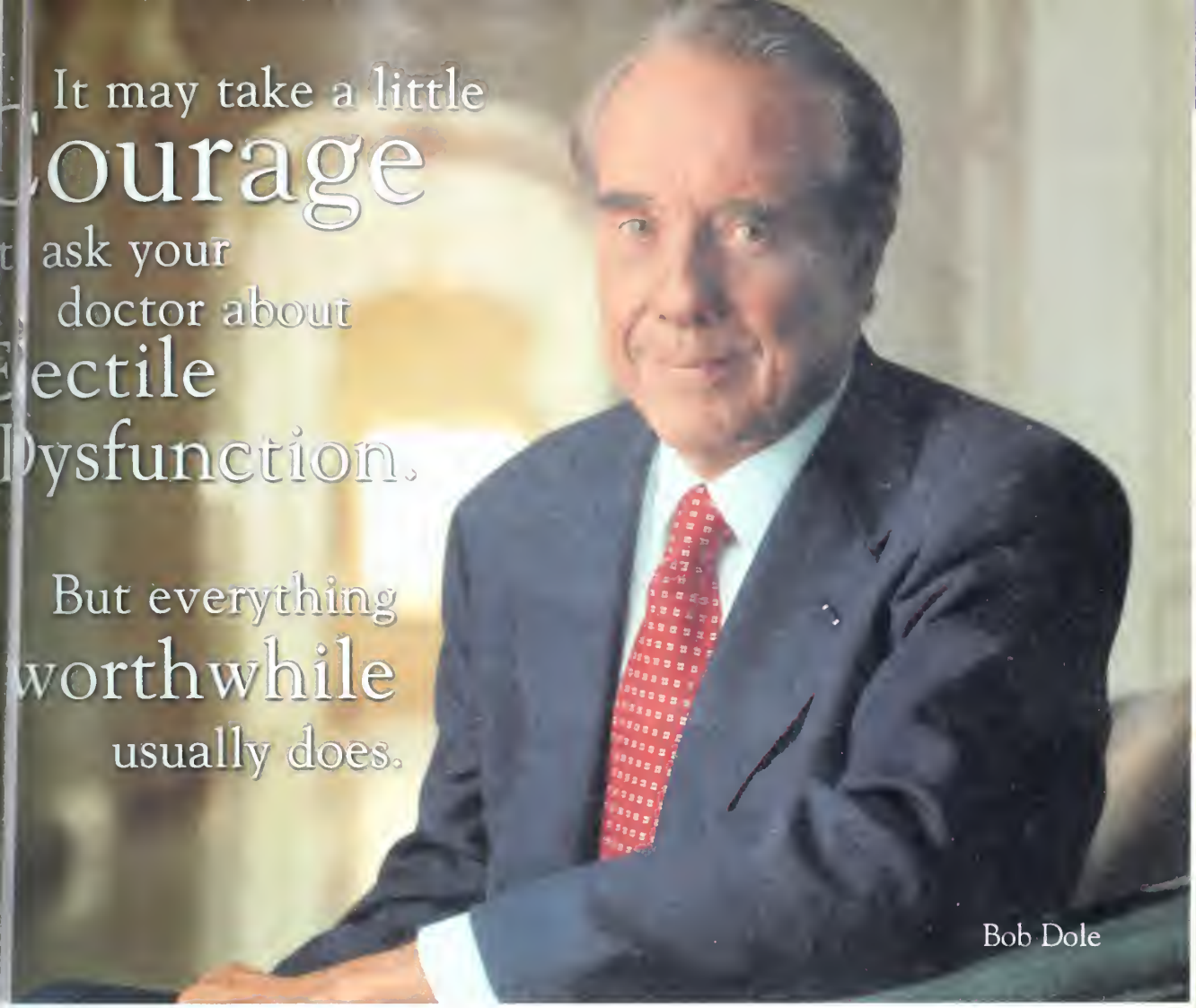
At a spring conference sponsored by the Society's *Journal of Women's Health*, some of the country's foremost experts gathered to discuss what we've learned about women's health, and promising research that seems likely to spur new breakthroughs.

TOP ADVANCES

Many of the revolutionary changes in health care have taken place because of women's inclusion in clinical trials. These are some of the most important findings that have become part of standard care.

Treating the number-one threat

Heart disease was previously considered a man's disease. But a new study shows that a woman under age fifty is more than twice as likely to die after a heart attack as a man of the same age. And women often have different symptoms and reactions to treatments. This better understanding *(continued)*



en I was diagnosed with prostate cancer, my first concern was ridding myself of the cancer. But I was also cerned about possible postoperative side effects, like erectile dysfunction (E.D.), often called impotence. asked my doctor about treatment options.

speaking out now in the hope that men with E.D. will get proper treatment for a condition that affects ions of men and their partners.

st E.D. cases are associated with physical conditions or events, like the prostate cancer surgery derwent. The most common causes of E.D. include diabetes, high blood pressure, spinal cord injury, or gery for the prostate or colon. E.D. can also be associated with smoking, alcohol abuse, or psychological ditions such as anxiety or stress.

e good news is that many effective treatments are available for E.D. But the important first step o talk to your doctor. Together, you and your doctor can decide which treatment is best for you.

w it's up to you to get the treatment you need for E.D. My advice is to get a medical checkup. the best way to get educated about E.D. and what can be done to treat it. It may take a little courage, I've found that everything worthwhile usually does.

more information about erectile dysfunction, please call 1-800-433-4215.

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13A98B

GET EDUCATED ABOUT E.D.

Pfizer

Certain drugs can cause life-threatening arrhythmias in women at risk

(continued) is leading to a stronger emphasis on prevention, more vigilance for symptoms and a new look at the standard tests and treatments.

Beating a dreaded disease Better methods have been developed for detecting, treating and preventing breast cancer—including improved mammography, minimally invasive biopsies, more reconstruction options and new drugs like Herceptin.



Keeping bones strong Postmenopausal women today have more options to help prevent and treat osteoporosis: estrogen replacement therapy, which also protects against cardiovascular disease; drugs such as alendronate (Fosamax) to increase bone density and reduce the risk of fractures; calcitonin (Miacalcin) to slow bone loss; and the "designer estrogen" raloxifene (Evista), which provides estrogen's heart and bone protection factors, without increasing the risk of breast and uterine cancers.

Measuring bone mineral density Tests have been developed to detect bone loss before it becomes severe. Dual-energy X ray absorptiometry (DXA) tests density in the hip, spine or total body. There's also a urine test for bone loss.

Protecting newborns from AIDS Giving the drug AZT to pregnant women infected with HIV substantially reduces chances of transmitting the virus to their babies. New studies suggest that nevirapine, a cheaper AIDS drug, may be even more effective.

Determining risk factors A test has been developed to find mutations in the BRCA1 or BRCA2 genes, which indicate a high risk for an inherited type of breast and ovarian cancer. There are also genetic tests for colon cancer and cystic fibrosis.

Catching cervical cancer early New technologies have improved the accuracy of the Pap test. The ThinPrep automated slide preparation and the PapNet and AutoPap computerized detection systems identify abnormal cells that could lead to cervical cancer.

Preventing pregnancy Two new "morning after" drugs can stop pregnancy when taken within seventy-two hours of unprotected sex: Preven and Plan B.

Fighting depression Women are more than twice as likely as men to become depressed, partially because they produce less serotonin, a mood-regulating brain chemical. The introduction of selective serotonin reuptake inhibitors (SSRIs), a class of drugs that includes Prozac and Zoloft, has brought significant relief to many women, with fewer side effects than earlier treatments.

Controlling bladder problems Urinary incontinence affects at least eleven million American women. New treatment options include drugs such as Detrol; collagen injections to bulk up urethral muscle; surgery; urethral inserts; and an implant that electrically stimulates nerves key to urinary control. *(continued)*

YOUR ROLE IN RESEARCH

Now that the law says women must be included in federally funded clinical trials, we're all set, right? Not exactly. Despite years of progress, we know little about the safety and efficacy of medicines in women and what they might do to a developing fetus. Fortunately, several large-scale projects, such as the Women's Health Initiative, are under way to increase our knowledge. But to truly close the gender gap in the laboratory, more women must take part in clinical trials.

"Participating in medical research is one of the ways women can take a more active role in the prevention and treatment of disease," says Paula Thompson, program manager for the clinical trials education project at the Society for Women's Health Research. The Society will be launching a campaign early next year to educate women about clinical research.

A woman who joins a trial may get better testing and monitoring and a cutting-edge treatment, at little or no cost. But there are drawbacks: Women hoping to benefit from an experimental drug may end up on a placebo. Or the new treatment being compared to an older one may not work as well or might have undetected side effects. That's why experts insist that participating in a study is a personal decision that a woman should make only after discussing all the implications and requirements with her doctor.

And don't think you can't participate because you don't have an incurable disease. "Women needn't have medical problems to enroll," says Thompson. A study may, for example, be assessing the benefit of vitamins or herbal remedies on energy levels.

To find out about joining a clinical study, check with your physician or local hospital, watch newspapers for notices recruiting participants, or check one of these Web sites:

- The National Institutes of Health lists government-sponsored trials at *clinicalstudies.info.nih.gov*
- The National Cancer Institute lists current cancer trials at *cancertrials.nci.nih.gov*
- CenterWatch lists a variety of trials at their site, *www.centerwatch.com*
- The Society for Women's Health Research gives general info and links to other sites at *www.womens-health.org* —R.F.

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Made from plants. A cool choice to relieve the hot flashes of menopause.

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Now, Cenestin offers you an FDA-approved choice in estrogen replacement therapy that's 100% derived from soy and yam, instead of Premarin®, which is made from pregnant horses' urine. The choice of how you control the hot flashes and night sweats of menopause is yours.

So, how cool are you with menopause? As cool as you choose to be! Talk to your doctor about plant-derived Cenestin . . . and make the cool choice, your choice.

Cenestin is indicated for the treatment of vasomotor symptoms (such as hot flashes and night sweats) associated with menopause. As with any prescription drug therapy, some women may experience side effects when taking estrogens. In the Cenestin clinical trial, the most frequently reported adverse events were headache and insomnia, which occurred with similar frequency in the placebo group. You should not use hormone replacement therapy if you are pregnant because of possible risk to the fetus. Be sure to discuss your personal or family history of breast cancer, breast lumps, abnormal vaginal bleeding, and abnormal blood clotting with your healthcare provider. If you have not had a hysterectomy, taking estrogen alone may increase your chances for uterine cancer. Adding a progestogen lowers this risk significantly.







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following page for a brief summary of full prescribing information.
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(synthetic conjugated estrogens, A) Tablets

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BRIEF SUMMARY

ESTROGENS INCREASE THE RISK OF ENDOMETRIAL CARCINOMA
Close clinical surveillance of all women taking estrogens is important. Adequate diagnostic measures, including endometrial sampling when indicated, should be undertaken to rule out malignancy in all cases of undiagnosed persistent or recurring abnormal vaginal bleeding. There is no evidence that natural estrogens are more or less hazardous than synthetic estrogens at equivalent estrogen doses.

INDICATIONS AND USAGE

Cenestin (synthetic conjugated estrogens, A) Tablets are indicated in the treatment of moderate-to-severe vasomotor symptoms associated with the menopause.

CONTRAINDICATIONS

Estrogens should not be used in individuals with any of the following conditions:

1. Known or suspected pregnancy (see **PRECAUTIONS**)
2. Undiagnosed abnormal genital bleeding
3. Known or suspected cancer of the breast (except in appropriately selected patients being treated for metastatic disease)
4. Known or suspected estrogen-dependent neoplasia
5. Active thrombophlebitis or thromboembolic disorders

WARNINGS

1. **Induction of malignant neoplasms.**
   a. **Endometrial cancer.** The reported endometrial cancer risk among unopposed estrogen users is about 2- to 12-fold greater than in non-users, and appears dependent on duration of treatment and on estrogen dose. Most studies show no significant increased risk associated with use of estrogens for less than one year. The greatest risk appears associated with prolonged use, with increased risks of 15- to 24-fold for five to ten years or more, and this risk has been shown to persist for at least 8-15 years after estrogen therapy is discontinued.
   b. **Breast cancer.** While the majority of studies have not shown an increased risk of breast cancer in women who have ever used estrogen replacement therapy, there are conflicting data whether there is an increased risk in women using estrogens for prolonged periods of time, especially in excess of 10 years.
2. **Venous thromboembolism.** Three epidemiologic studies have found an increased risk of venous thromboembolism (VTE) in users of estrogen replacement therapy (ERT) who did not have predisposing conditions for VTE, such as past history of cardiovascular disease or a recent history of pregnancy, surgery, trauma, or serious illness. The increased risk was found only in current ERT users, it did not persist in former users. The findings were similar for ERT alone or with added progestin and pertain to commonly used ERT types and doses, including 0.625 mg or more per day orally of conjugated estrogens, 1 mg or more per day orally of estradiol, and 50 µg or more per day of transdermal estradiol. The studies found the VTE risk to be about one case per 10,000 women per year among women not using ERT and without predisposing conditions. The risk in current ERT users was increased to 2-3 cases per 10,000 women per year.
3. **Cardiovascular disease.** Large doses of estrogen (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown in a large prospective clinical trial in men to increase the risks of nonfatal myocardial infarction, pulmonary embolism, and thrombophlebitis.
4. **Hypercalcemia.** Administration of estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases. If this occurs, the drug should be stopped and appropriate measures taken to reduce the serum calcium level.
5. **Gallbladder disease.** A 2- to 4-fold increase in the risk of gallbladder disease requiring surgery in women receiving postmenopausal estrogens has been reported.

PRECAUTIONS

A. General

1. **Addition of a progestin when a woman has not had a hysterectomy.** Studies of the addition of a progestin for 10 or more days of a cycle of estrogen administration, or daily with estrogen in a continuous regimen, have reported a lowered incidence of endometrial hyperplasia than would be induced by estrogen treatment alone. There are, however, possible risks which may be associated with the use of progestins in estrogen replacement regimens. These include (a) adverse effects on lipoprotein metabolism (lowering HDL and raising LDL), (b) impairment of glucose tolerance, and (c) possible enhancement of mitotic activity in breast epithelial tissue, although few epidemiological data are available to address this point. The choice of progestin, its dose, and its regimen may be important in minimizing these adverse effects.
2. **Elevated blood pressure.** Substantial increases in [illegible] estrogen replacement therapy have been [illegible] by idiosyncratic reactions to estrogens in a small number of the reports. A generalized effect of estrogen therapy on blood pressure was not found in the one randomized, placebo-controlled study that has been reported.
3. **Familial hyperlipoproteinemia.** Estrogen therapy may be associated with elevations of plasma triglycerides leading to pancreatitis and other complications in patients with familial defects of lipoprotein metabolism.
4. **Impaired liver function.** Estrogens may be poorly metabolized in patients with impaired liver function.

B. Information for the Patient. See text of **PATIENT LABELING**, below.

C. Laboratory Tests. Estrogen administration should generally be guided by clinical response at the smallest dose, rather than laboratory monitoring, for relief of symptoms for those indications in which symptoms are observable.

D. Drug/Laboratory Test Interactions

1. Accelerated prothrombin time, partial thromboplastin time, and platelet aggregation time; increased platelet count; increased factors II, VII antigen, VIII antigen, VIII coagulant activity, IX, X, XII, VII-X complex, II-VII-X complex, and beta-thromboglobulin; decreased levels of anti-factor Xa and antithrombin III; decreased antithrombin III activity; increased levels of fibrinogen and fibrinogen activity; increased plasminogen antigen and activity.
2. Increased thyroid-binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by protein-bound iodine (PBI), T4 levels (by column or by radioimmunoassay) or T3 levels by radioimmunoassay. T3 resin uptake is decreased, reflecting the elevated TBG. Free T4 and free T3 concentrations are unaltered.
3. Other binding proteins may be elevated in serum, i.e., corticosteroid binding globulin (CBG), sex hormone-binding globulin (SHBG), leading to increased circulating corticosteroids and sex steroids, respectively. Free or biologically active hormone concentrations are unchanged. Other plasma proteins may be increased (angiotensinogen/renin substrate, alpha-1-antitrypsin, ceruloplasmin).
4. Increased plasma HDL and HDL$_2$ subfraction concentrations, reduced LDL cholesterol concentration, increased triglycerides levels.
5. Impaired glucose tolerance.
6. Reduced response to metyrapone test.
7. Reduced serum folate concentration.

E. Carcinogenesis, Mutagenesis, and Impairment of Fertility. Long-term continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, uterus, cervix, vagina, testis, and liver. See **CONTRAINDICATIONS** and **WARNINGS**.

F. Pregnancy. Estrogens are not indicated for use during pregnancy or the immediate postpartum period. Estrogens are ineffective for the prevention or treatment of threatened or habitual abortion. Treatment with diethylstilbestrol (DES) during pregnancy has been associated with an increased risk of congenital defects and cancer in the reproductive organs of the fetus, and possibly other birth defects. The use of DES during pregnancy has also been associated with a subsequent increased risk of breast cancer in the mothers.

G. Nursing Mothers. As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk. In addition, estrogen administration to nursing mothers has been shown to decrease the quantity and quality of the milk. Estrogens are not indicated for the prevention of postpartum breast engorgement.

H. Pediatric Use. Safety and efficacy of Cenestin for the treatment of vasomotor symptoms due to hypoestrogenism in pediatric patients have not been established.

I. Drug-Drug Interactions. There are no known drug interactions with estrogens.

ADVERSE REACTIONS

See **WARNINGS** and **PRECAUTIONS** regarding the potential adverse effects on the fetus, the induction of malignant neoplasms, gallbladder disease, cardiovascular disease, elevated blood pressure and hypercalcemia. In a 12-week clinical trial that included 72 women treated with Cenestin and 48 women treated with placebo, the following adverse events occurred at a rate > 5% (see **TABLE 1**).

The following additional adverse reactions have been reported with estrogen therapy:

1. *Genitourinary System:* Changes in vaginal bleeding pattern and abnormal withdrawal bleeding or flow, breakthrough bleeding, spotting, increase in size of uterine fibromata, vaginal candidiasis, change in amount of cervical secretion.
2. *Breasts:* Tenderness, enlargement.
3. *Gastrointestinal:* Nausea, vomiting, abdominal cramps, bloating, cholestatic jaundice, gallbladder disease.
4. *Skin:* Chloasma or melasma that may persist when drug is discontinued, erythema multiforme, erythema nodosum, hemorrhagic eruption, loss of scalp hair, hirsutism.
5. *Eyes:* Steepening of corneal curvature, intolerance to contact lenses.
6. *Central Nervous System:* Headache, migraine, dizziness, mental depression, chorea.
7. *Miscellaneous:* Increase or decrease in weight, reduced carbohydrate tolerance, aggravation of porphyria, edema, changes in libido.

Table 1

Number (%) of Patients with Adverse Events With a Greater Than 5% Occurrence Rate By Body System and Treatment Group

Body System Adverse Event	Cenestin n (%)	Placebo n (%)	Total n
Number of Patients Who Received Medication	72 (100)	48 (100)	120
Number of Patients With Adverse Events	68 (94)	43 (90)	
Number of Patients Without Any Adverse Events	4 (6)	5 (10)	9
Body As A Whole			
Abdominal Pain	20 (28)	11 (23)	
Asthenia	24 (33)	20 (42)	
Back Pain	10 (14)	6 (13)	
Fever	1 (1)	3 (6)	
Headache	49 (68)	32 (67)	
Infection	10 (14)	5 (10)	
Pain	8 (11)	9 (19)	
Cardiovascular System			
Palpitation	15 (21)	13 (27)	
Digestive System			
Constipation	4 (6)	2 (4)	
Diarrhea	4 (6)	0 (0)	
Dyspepsia	7 (10)	3 (6)	
Flatulence	21 (29)	14 (29)	
Nausea	13 (18)	9 (19)	
Vomiting	5 (7)	1 (2)	
Metabolic and Nutritional			
Peripheral Edema	7 (10)	6 (13)	
Musculoskeletal System			
Arthralgia	18 (25)	13 (27)	
Myalgia	20 (28)	15 (31)	
Nervous System			
Depression	20 (28)	18 (38)	
Dizziness	8 (11)	5 (10)	
Hypertonia	4 (6)	0 (0)	
Insomnia	30 (42)	23 (48)	
Leg Cramps	7 (10)	3 (6)	
Nervousness	20 (28)	20 (42)	
Paresthesia	24 (33)	15 (31)	
Vertigo	12 (17)	12 (25)	
Respiratory System			
Cough Increased	4 (6)	1 (2)	
Pharyngitis	6 (8)	4 (8)	
Rhinitis	6 (8)	7(15)	
Urogenital System			
Breast Pain	21 (29)	7 (15)	
Dysmenorrhea	4 (6)	3 (6)	
Metrorrhagia	10 (14)	3 (6)	

OVERDOSAGE

Serious ill effects have not been reported following acute ingestion of large doses of estrogen-containing products by young children. Overdosage of estrogen may cause nausea and vomiting, and withdrawal bleeding may occur in females.

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(continued)

WHAT'S AHEAD

Here are some of the breakthroughs women can look forward to in the millennium:

No more pills or shots The newest way to take your medicine is to breathe it in. Inhale Therapeutic Systems has partnered with Eli Lilly to develop an inhaled version of an osteoporosis drug. The company also is working with Biogen to formulate inhaleable interferon beta 1a (Avonex), a drug for multiple sclerosis (MS) that currently must be injected weekly.

Better predictives for adverse drug reactions Investigators at Georgetown University Medical Center, in Washington, D.C., are working to develop a genetic test that would identify women at risk for potentially fatal arrhythmias induced by certain drugs, says Raymond Woosley, M.D., Ph.D., chairman of Georgetown's pharmacology department. Woosley's team found that drugs that block potassium channels in the heart—such as the antihistamines Seldane and Hismanal, and the antibiotic erythromycin—can cause a type of irregular heart rhythm in some people, most of them women. Woosley currently is examining another thirty suspect drugs.

New methods of birth control A once-a-month injectable contraceptive is awaiting approval by the Food and Drug Administration (FDA) and should be on the market by early next year. The new product, Lunelle, contains estrogen and progestin, a combination found in many oral contraceptives. Lunelle compared favorably to the birth control pill in clinical trials.

Johnson & Johnson plans to seek FDA approval next year for the first-ever birth-control patch. Called Evra, it would be worn on the arm, abdomen or buttocks for a week to deliver hormones through the skin.

The Population Council, a reproductive health organization, and the drug company Organon expect to apply for FDA approval by the end of the year for contraceptive rings. The thin, flexible devices are inserted into the vagina, where they slowly release hormones. The rings are removed for menstruation and do not interfere with sex.

Abortion without surgery Mifepristone—the controversial RU-486 "abortion pill"—could become widely available in the United States by early next year. The Population Council received the American patent rights to RU-486 in 1994 from Roussel Uclaf, the French firm that developed the drug. But pharmaceutical companies have been reluctant to produce it.

Although the FDA already considers the drug safe and effective, it's been offered to women only through clinical trials. Now, the Danco Group, a small pharmaceutical company, has agreed to market RU-486 and file the necessary information for final FDA approval.

Innovative methods for blocking STDs Women are twice as likely as men to contract a sexually transmitted disease (STD), and ten times more susceptible to HIV when having unprotected sex with an infected partner. A new vaginal gel aimed at protecting women from infection was effective in test-tube experiments and is now ready for human testing. PC-515 is a microbicide based on carrageenan, an inexpensive compound derived from red seaweed. Microbicides seem to prevent the microorganisms that cause STDs, such as chlamydia and HIV, from attaching to the reproductive tract's outer layer.



A vaccine to prevent cervical cancer About two hundred thousand women worldwide die each year from cervical cancer, with 90 percent *(continued)*

NO NEED FOR HEALTHY HABITS?

With new breakthroughs in disease prevention and treatment happening almost every day, it's almost possible to imagine a world without illness. After all, we've beaten polio, scarlet fever and smallpox—why not cancer, Alzheimer's and heart disease? It's tempting to dump the low-fat diet, live large and count on researchers to find the cures by the time you need them. But before you sit back with your super-sundae, consider this: "We're going to have better cures and better detection—but talk to someone who's had cancer. Frankly, I'd rather not get it," says Wanda K. Jones, Dr. P.H., deputy assistant secretary for health in the U.S. Department of Health and Human Services.

Today, a woman's life expectancy averages eight decades. And our best chances for enjoying all those years rests not in our doctors' hands, but our own, notes Loretta Finnegan, M.D., medical adviser in the Office of Research on Women's Health at the National Institutes of Health. Here, some of the most important steps you can take:

MAINTAIN A HEALTHY WEIGHT. Obesity can lead to diabetes, heart disease and other life-threatening illnesses.

DON'T SMOKE. Female smokers are far more prone to lung cancer than male smokers. And it's the number-one cancer killer for both sexes.

EXERCISE. Walking for just thirty minutes a day can help prevent many diseases.

EAT A BALANCED DIET. Watch fat, but don't overload on low-fat foods either.

KNOW YOUR GENES. Learn which diseases run in your family and then discuss them with your doctor.

GET TESTED. Early detection of disease increases your chance of survival.

CONSIDER SUPPLEMENTS. Make sure to get 1,200 mg of calcium and 400 I.U. of vitamin D every day for strong bones.

LOOK INTO HORMONE REPLACEMENT THERAPY. Estrogen, at least on a short-term basis, offers protection against heart disease and osteoporosis. —R.F

of cases attributed to the sexually transmitted human papillomavirus (HPV).

The National Cancer Institute (NCI) currently is conducting phase II clinical trials, inoculating about two hundred women with a prophylactic vaccine targeted at HPV16, the virus most often associated with cervical cancer. Found in early testing to be safe, the vaccine is made of particles that resemble HPV, but are not infectious. The goal: to generate antibodies that prevent infection by the real virus.

Efforts are under way to develop different versions of the vaccine (HPV has several types, and antibodies to one do not provide protection against another), as well as one that could be used to treat cervical cancer. A marketable prophylactic HPV vaccine is about five years away, says NCI senior investigator John Schiller, Ph.D.

A boost for the female libido Recent reports show that more women (43 percent) than men (31 percent) suffer from sexual dysfunction. A new testosterone patch by Procter & Gamble and TheraTech, Inc., is in phase II clinical trials to see if it can enhance sexual function for women who experienced premature menopause after hysterectomy. Another firm, Solvay Pharmaceuticals, has been looking at Estratest Tablets—a combined estrogen-testosterone pill used for years for hormone replacement therapy—to treat women's sexual dysfunction.

Relief for autoimmune sufferers Autoimmune diseases—in which the immune system attacks some part of the body—predominantly affect women. Now, there's growing evidence that these seemingly varied diseases are similar, and that a treatment successful for one might have benefits in another, says Denise Faustman, M.D., Ph.D., associate professor of medicine at Harvard Medical School and vice president of the Society for Women's Health Research.

Scientists recently stopped the progression of neurological disease in rats with transplanted embryonic stem cells—and they think the approach might work for people with MS, an autoimmune disease that involves degeneration of the neuromuscular system. Also, a powerful immune suppressor used in cancer treatment, Novantrone, is up for priority review by the FDA for treating MS. In clinical trials, people with secondary progressive MS—a highly advanced form of the disease—had fewer relapses and less disability when taking Novantrone.

New therapies for inflammatory bowel disease (IBD) Up to one million Americans suffer from the two chronic digestive disorders that are collectively called IBD: Crohn's disease and ulcerative colitis (UC). Men and women are equally affected, but for women IBD also can interfere with menstruation and pregnancy.

There is no cure for IBD and the standard treatments (antibiotic and steroid therapies) are less than satisfactory. So researchers now are focusing on medications that disrupt the inflammatory response in the gut. One protein, tumor necrosis factor (TNF), has been identified as the key to the inflammatory reaction in Crohn's disease. Monoclonal antibodies [illegible] genetically engineered to block [illegible] flammatory response of the cell [illegible] that specifically target TNF ar[illegible] study. Small clinical trials hav[illegible] conducted with the drug thalid[illegible] which has potential for anti-TF[illegible] tion, too (not for women of ch[illegible] ing age, of course). Also, two p[illegible] interleukin-10 and interleukin-[illegible] being studied because of their al[illegible] suppress inflammation.

There is some evidence tha[illegible] arin, a blood thinner, can help [illegible] suffering from UC. And one co[illegible] Carrington Laboratories, has bee[illegible] ing a soothing aloe-based pow[illegible] may relieve symptoms. Jacq[illegible] Wolf, M.D., an associate profe[illegible] medicine at Harvard Medical S[illegible] says it is likely that herbal remed[illegible] probiotics—therapeutic bacter[illegible] are needed for digestion but kil[illegible] antibiotic therapy—could prove[illegible] ful in both UC and Crohn's disea[illegible]

Ronny Frishman is a contributing ed[illegible] to Ladies' Home Journal.

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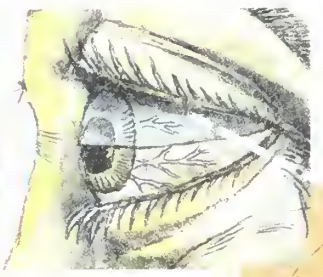
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Reinventing the HUMAN BODY



The best change would be the ability to protect the eye while it's open. Birds, for example, have a thin, clear membrane that covers their eyes. This would be helpful when jogging, riding a motorcycle—almost like a pair of safety goggles in your eyes.
—Jeffrey Anshel, O.D., an optometrist in Encinitas, California, and author of *Smart Medicine for Your Eyes* (Avery Publishing Group, 1999)





When I was a mother of three preschoolers, I remember thinking I needed nothing more than a good, long prehensile tail. Think of the wonderful things you could do with it: Hold the screen door open so it doesn't slam behind you; hang on to a toddler while carrying a baby and groceries; adjust the children in the backseat while you're driving; prop the cookbook open while you stir.

Developmentally, it would make infancy easier for the baby: having a support when learning to walk; holding the bottle while looking at a book; reaching for the next block to stack.
—Mary Bellis Waller, Ph.D., a psychotherapist specializing in child development, in Milwaukee



I declare we should all be five-ten. If women were all one height, you'd know exactly where a skirt was going to hit on everyone. It also would be easier if everyone had the same shoe size—maybe a size 8?
—Ricci DeMartino, a fashion stylist in Los Angeles who has dressed Lisa Kudrow, Cameron Diaz, Helen Hunt and Gwyneth Paltrow

Doctors, anthropologists and even fashion designers weigh in on what they'd change—if they could

By Beth Howard

How would you improve your body? Make your abdomen and thighs resistant to fat deposits? Reconfigure the gene that causes diabetes to run in your family? These ideas may sound like pipe dreams—but not so long ago it seemed equally improbable that we would be able to replace an ailing hip joint with a titanium one, or use a laser to correct vision and remove cataracts. So we asked some top authorities in a variety of fields how they would redesign the human form if given the chance.



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The perfect face would have pores that stay very small our entire lives. And we should be able to control our hair—so that once we get the right cut, we could make our hair stop growing, but if we had a bad cut, we could speed it up. —Julie Michaud, makeup artist, owner and creator of Michaud Cosmetics, in Boston

I would eliminate the sinus cavities in the head and neck. No one really knows what purpose they serve, except to reduce the weight of the skull, and they seem to get infected frequently. —Anthony Yonkers, M.D., a professor of otolaryngology–head and neck surgery at the University of Nebraska Medical Center, in Omaha

I would change the center of the brain that controls addiction. As an oncologist, I can't think of anything more valuable than to cut cancer rates by removing the ability to get addicted to cigarette smoking. —Derek Raghavan, M.D., Ph.D., chief of medical oncology, Norris Comprehensive Cancer Center, University of Southern California, Los Angeles

No fat cells! If I could change one thing about the human body, I'd get rid of them all.

—Nicole Miller, fashion designer, based in New York City

I'd like to see humans endowed with a zip flap on the torso so they could open it up to see what's inside, both physically and spiritually. —Frances Goodwin, an acupuncturist and Chinese herbalist in New York City

My idea is basically to replace the hardware of which we're made with more advanced materials and parts. We're already used to some artificial body parts—artificial limbs, for example, and cochlear implants that do some of the work of nerve fibers. Since we can do that, then perhaps we can interface the nervous system to electronics. It should be possible, for instance, to take the optic nerve and interface it to a computer chip that does the work of the retina. [illegible] would be connected to a video [illegible] era, allowing someone who was [illegible] to see. —Hans Moravec, Ph[illegible] robotics researcher at Carnegie M[illegible] University, in Pittsburgh

My novel Beggars in Spain *(A[illegible] Books, 1994) explores the consequen[illegible] eliminating the need to sleep. If you d[illegible] have to sleep, you'd get eight more h[illegible] of your life each day. You'd have far [illegible] flexibility with your schedule. We [illegible] really know why people need to s[illegible] There are many conflicting theories. [illegible] until we find out which one is correct[illegible] can't say going sleepless is impossi[illegible] —Nancy Kress, a science-fiction writer[illegible] Washington, D.C.*

Autoimmune diseases such as lu[illegible] are more common in women th[illegible]



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—Jaci VanHeest, Ph.D., female
physiologist with U.S.A. Olympic
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We'd have gums that are resistant

to the bacterial toxins that can cause
disease. And the mouth would reject
the form of tooth decay. —Mary Lopez
Howell, D.D.S., an associate professor
of dentistry at the University of Texas
in San Antonio

*I'd like to see advances in healing so we're
able to regenerate the skin, nerves, soft
muscle. We could perform surgery and
have the patient walk out with no bruis-
ing or swelling. Actually, I think all this
will happen. —Francis Palmer, M.D.,
director of facial plastic surgery for the
head and neck at the University of
Southern California School of Medicine,
in Los Angeles*

The brain grows differently depend-
ing on the experiences you've had.
And there's a developmental window
that closes in adolescence, sealing off
certain possibilities such as learning a
new language accent-free. So there
are a lot of kids who are not reaching
anywhere near their potential. If we
could reopen that window, we could
change their futures. —Charles
Stevens, M.D., Ph.D., a neuro-
scientist at the Salk Institute, in San
Diego

*Our mating emotions are divided into
three different systems. The first, lust, is
associated primarily with testosterone.
The second is attraction or romantic love,
and it's associated with dopamine and
norepinephrine, which are natural stimu-
lants. The third mating emotion is at-
tachment, and it's associated with
oxytocin and vasopressin.*

*Chemically, we were built to love more
than one person at a time, but it would
be better if we could stabilize our love-
lives. I'd like to strengthen the brain con-
nections among these three systems so that
it's easier to maintain all three emotions
for the same person. It would help pre-
vent people who are deeply attached to
somebody from falling in love with some-
body else, and could reduce the divorce
rate. —Helen Fisher, Ph.D., an anthro-
pologist at Rutgers University and author
of* Anatomy of *(continued on page 140)*



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In addition, ZOCOR has been proven to dramatically reduce LDL ("bad") cholesterol while increasing HDL ("good") cholesterol.

Important considerations: ZOCOR is a prescription medication, so you should ask your doctor or healthcare professional if ZOCOR is right for you. ZOCOR isn't for everyone, including women who are pregnant or nursing or who may become pregnant, people who are allergic to any of its ingredients, or anyone with liver disease. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect, and should be reported to your doctor right away. Your doctor may do simple blood tests before and during treatment with ZOCOR to check for liver problems. Be sure your doctor knows about other medications you may be taking in order to avoid any possible serious drug interactions.

To get your free copy of "A Guide for People with High Cholesterol," call **1-800-261-8178.** Visit our website at **www.zocor.com**.

Please read the next page for additional information about ZOCOR.



ZOCOR
(SIMVASTATIN)

PLEASE READ THIS SUMMARY CAREFULLY, AND THEN ASK YOUR DOCTOR ABOUT ZOCOR. NO ADVERTISEMENT CAN PROVIDE ALL THE INFORMATION NEEDED TO PRESCRIBE A DRUG. THIS ADVERTISEMENT DOES NOT TAKE THE PLACE OF CAREFUL DISCUSSIONS WITH YOUR DOCTOR. ONLY YOUR DOCTOR HAS THE TRAINING TO WEIGH THE RISKS AND BENEFITS OF A PRESCRIPTION DRUG FOR YOU.

USES OF ZOCOR

ZOCOR is a prescription drug that is indicated as an addition to diet for many patients with high cholesterol when diet and exercise are inadequate. For patients with coronary heart disease (CHD) and high cholesterol, ZOCOR is indicated as an addition to diet to reduce the risk of death by reducing coronary death; to reduce the risk of heart attack; to reduce the risk for undergoing cardiac procedures (coronary artery bypass grafting and percutaneous transluminal coronary angioplasty); and to reduce the risk of stroke or transient ischemic attack (TIA).

WHEN ZOCOR SHOULD NOT BE USED

Some people should not take ZOCOR. Discuss this with your doctor.

ZOCOR should not be used by patients who are allergic to any of its ingredients. In addition to the active ingredient simvastatin, each tablet contains the following inactive ingredients: cellulose, lactose, magnesium stearate, iron oxides, talc, titanium dioxide, and starch. Butylated hydroxyanisole is added as a preservative.

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or repeated blood test results indicating possible liver problems. (See WARNINGS.)

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she should stop taking the drug and talk to her doctor at once.

Women who are breast-feeding should not take ZOCOR.

WARNINGS

Muscle: Tell your doctor right away if you experience any unexplained muscle pain, tenderness, or weakness at any time during treatment with ZOCOR so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR, such as the lipid-lowering drug Lopid (gemfibrozil), and other fibrates; lipid-lowering doses of niacin (nicotinic acid); Sandimmune (cyclosporine); itraconazole, ketoconazole, and other azole antifungal drugs; the antibiotics erythromycin and clarithromycin; HIV protease inhibitors; and the antidepressant nefazodone. Interruption of therapy with ZOCOR should be considered if you are going to take an azole antifungal medication, such as itraconazole, or macrolide antibiotics, such as erythromycin. Patients using ZOCOR along with any of these other drugs should be carefully monitored by their physician. The risk of muscle breakdown is greater in patients with kidney problems or diabetes.

Because there are risks in combining therapy with ZOCOR with the drugs listed above, your doctor should carefully weigh the potential benefits and risks. He or she should also carefully monitor patients for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor also may monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery and when any major acute medical or surgical condition occurs. Discuss this with your doctor, who can explain these conditions to you.

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes. Patients who had these increases usually had no symptoms. Elevated liver enzymes usually returned to normal levels when therapy with ZOCOR was stopped.

In the ZOCOR Survival Study, the number of patients with more than one liver enzyme level elevation to greater than 3 times the normal upper limit was no different between the ZOCOR and placebo groups. Only 8 patients on ZOCOR and 5 on placebo discontinued therapy due to elevated liver enzyme levels. Patients were started on 20 mg of ZOCOR, and one third had their dose raised to 40 mg.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR and periodically thereafter (for example, semiannually) for your first year of treatment or until 1 year after your last elevation in dose. Patients titrated to the 80-mg dose should receive an additional test at 3 months. If your enzyme levels increase, your doctor should order more frequent tests. If your liver enzyme levels remain unusually high, your doctor should discontinue your medication.

Tell your doctor about any liver disease you may have had in the past and about how much alcohol you consume. ZOCOR should be used with caution in patients who consume large amounts of alcohol.

4/94 (4558) ZOC-CON

PRECAUTIONS

Before starting treatment with ZOCOR (simvastatin), try to lower your cholesterol by weight loss, diet, exercise, and weight loss. Ask your doctor about how best to do this. Other problems that can cause high cholesterol should also be treated.

Drug Interactions: Because of possible serious drug interactions, it is important to let your doctor know what other drugs you are taking, including those obtained without a prescription.

ZOCOR can interact with cyclosporine (Sandimmune), itraconazole, ketoconazole, other azole antifungals, erythromycin, clarithromycin, HIV protease inhibitors, and nefazodone. (See WARNINGS.)

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (a type of blood thinner) have experienced bleeding and/or increased blood clotting time. Patients taking these medicines should have their blood tested before starting therapy with ZOCOR. Blood tests should continue to be monitored.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: In testing most prescription drugs, ZOCOR was required to be tested on animals before it was approved for human use. Often these tests were designed to achieve higher drug concentrations in the body than achieve at recommended dosing. In some tests, the animals had damage to the nerves of the nervous system. In studies of mice with high doses of ZOCOR, the likelihood of cancerous tumors increased. No evidence of mutations of or damage to genetic material was seen. In one study with ZOCOR, there was decreased fertility in male rats.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. In studies with lipid-lowering agents like ZOCOR, there have been rare reports of birth defects of the skeleton and digestive system. Therefore, women of childbearing age should not take ZOCOR unless it is highly unlikely that they become pregnant. If a woman does become pregnant while taking ZOCOR, she should stop the drug and talk to her doctor at once. The active ingredient of ZOCOR did not cause birth defects in rats at 3 times the human dose or in rabbits at 3 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because of the potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not breast-feed. (See WHEN ZOCOR SHOULD NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 20 years.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well; however, like all prescription drugs, ZOCOR can cause side effects, and some of them can be serious. Side effects that do occur are usually mild and short-lived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In clinical studies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In a large, long-term study, patients taking ZOCOR experienced similar side effects to those patients taking placebo (sugar pills). Some of the side effects that have been reported with ZOCOR or related drugs are listed below. This list is not complete. Be sure to ask your doctor about side effects before taking ZOCOR and to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain, anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty changes in the liver, and, rarely, severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness; joint pain; muscle tightness.

Nervous System: Dizziness, headache, insomnia, tingling, memory loss, damage to nerves causing weakness and/or loss of sensation and/or abnormal sensations, anxiety, confusion, tremor, loss of balance, psychic disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle weakness.

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms have been reported to occur either alone or together in groups (referred to as a syndrome) that appear to be based on allergic-type reactions, which may rarely be fatal. These have included one or more of the following: a severe generalized reaction that may include shortness of breath, flushing, digestive symptoms, and low blood pressure and even shock, an allergic reaction with swelling of the face, lips, tongue and/or throat with difficulty swallowing or breathing; symptoms similar to lupus (a disorder in which a person's immune system may attack parts of his or her own body); severe muscle and blood vessel inflammation, bruises; various disorders of blood cells (which may result in anemia, infection, or blood clotting problems) or abnormal blood tests; inflammation of joints, hives, fatigue and weakness, sensitivity to sunlight; fever, chills; flushing; difficulty breathing; and severe skin disorders that vary from rash to a serious burn-like shedding of skin affecting the body, including mucous membranes such as the lining of the mouth.

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities including elevated alkaline phosphatase, bilirubin; thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you would like more information, ask your doctor or pharmacist to let you read the prot labeling and then discuss it with them.

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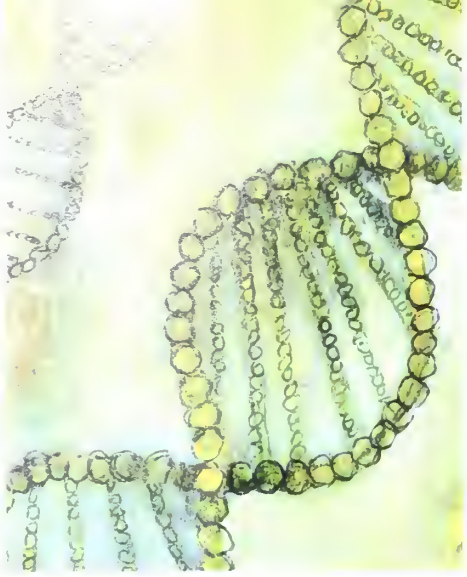
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(continued from page 133) Love: A Natural History of Mating, Marriage, and Why We Stray (*Fawcett Books, 1995*), in New York City

I would redesign the body so that once you massage the kinks out they'd stay that away for at least a month. Of course, that would probably put me out of business. —Margaret Doner, a massage therapist at Partners in Massage, in Hyde Park, New York

Humans have evolved into animals that use our knees and ankles for all of our movements—but these joints give out quickly. I would redesign the body to reduce the amount of injury to the knees, ankles and hips and find a way of repairing cartilage. We're getting very close to being able to grow bone inside the body to replace bone mass in the hip and grow new cartilage. —Stuart K. Williams, Ph.D., head of the biomedical engineering program at the University of Arizona, in Tucson

Early humans were in much more danger of bleeding to death after an animal attack than from heart disease. So, the body has clotting mechanisms to protect itself from bleeding excessively. Modern men and women are much more likely to die from clotting, as in heart disease or strokes. At the age of forty or fifty, I'd have a switch that changes the emphasis from systems that prevent bleeding to systems that prevent clotting. —Lila Wallis, M.D., M.A.C.P., clinical professor of medicine at Cornell University Medical Center, in New York City, and author of *The Whole Woman: Take Charge of Your Health in Every Phase of Your Life* (Wholecare, 1999)

It would be great if we were capable of switching gender, like some fish are. Cognitive research suggests that males and females think differently. For example, males have an attention mechanism that is focused—while he's watching sports on TV, the kids could be burning the curtains and he wouldn't notice. This is incomprehensible to a woman. Women have the ability to keep track of more things simultaneously. Switching would give us more understanding about the other gender. —James M. Bower, Ph.D., professor of biology at California Institute of Technology, in Pasadena

I would give individuals a greater aerobic capacity. Most of the pain of exercise is caused by a switch to the anaerobic system, without the use of oxygen. But if we could use oxygen more efficiently, we could be more productive, and the pain of exercise would be lessened. It would make the whole human body work as a more efficient machine. —Russell E. Windsor, M.D., orthopedic surgeon at the Hospital for Special Surgery, in New York City

I would delay menopause until age seventy-five or eighty. The benefits might well outweigh the annoyance of having periods for that many years. Women would live longer and have a better quality of life. After menopause, women are at increased risk for coronary artery disease, obesity, osteoporosis, diabetes, insulin resistance, Alzheimer's disease and sexual problems. —Stephen T. Sinatra, M.D., board-certified cardiology and internal medicine, based in Westchester, Connecticut

I would change our DNA to prevent aging. In the lab, people have been able to genetically alter the DNA of fruit flies and roundworms, and increase their maximum life span by two hundred percent or more. By altering the DNA in our cells to reset our metabolism, we'd stay younger and healthier longer. The altered DNA would prevent cell damage and repair cells. Within our lifetime, genetic engineers should be able to make our bodies last one hundred fifty years or more.
—Ronald Klatz, M.D., president of the American Academy of Anti-Aging Medicine, in Chicago

I would [illegible] fertility so that you could get pregnant only during periods of bliss when you want to conceive. We wouldn't need birth control. And I would remove all the pain receptors in the cervix and the uterus to eliminate the pain of childbirth.

Also, incontinence and urinary tract infections are much too common in women. I would double the length of the urethra, create much stronger urethra-sphincter muscles and include an effective antibacterial secretion. —Laura Romanzi, M.D., clinical assistant professor of obstetrics and gynecology at New York Presbyterian Hospital/Cornell University Medical Center, in New York City

Beth Howard is a frequent contributor to Ladies' Home Journal.



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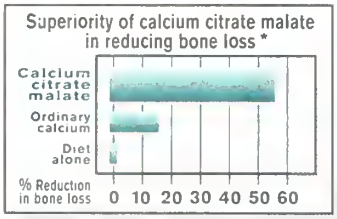
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Keri and Kaci Archer were born attached at the abdomen and facing each other. Today, at age eight, they go their own separate ways



MIRACLE Babies

They are children who owe their lives to medical science. The Archer twins, born attached, might not have survived the operation to separate them if not for advances in pediatric surgery. And Samantha Steel, the first American test-tube baby, is living proof of the leaps we've taken in overcoming infertility. Their stories illustrate some of the biggest health breakthroughs of the past twenty years

BONDED BEFORE BIRTH

By Cheryl Sacra Paden

For identical twins Keri and Kaci Archer, the term "separate but equal" is an apt description. The eight-year-old sisters refuse to dress the same, and they have personalities as distinct as night and day. Keri is the strong-willed tomboy, while Kaci is the feminine one.

Their insistence on individuality is not surprising when you consider how the girls came into this world: Keri and Kaci Archer were born on October 15, 1991, as conjoined twins.

The twins' story began in the spring of 1991, when Melissa Archer was twenty-eight years old and sixteen weeks into her third pregnancy. She was having a routine ultrasound when the technician started running the wand over and over the same spot and staring intently at the monitor. "She got this funny look on her face, and I knew she had found something out of the ordinary," recalls Melissa.

The technician summoned the obstetrician, who also scanned the spot. Melissa asked, "Am I having twins?"

"Yes," he replied. "But there's a complication. They're conjoined twins." Melissa looked at him, puzzled. "They're joined together," he explained. Shocked, she started to cry. The doctor quickly softened the blow. He told her it looked like the twins were connected in a good spot—they were facing each other, joined at the torso. It seemed highly likely that the twins could be separated after birth.

Conjoined twins are rare. They occur in about one in fifty thousand pregnancies. The process starts when one fertilized egg begins to separate as it would for identical twins. But if the embryo doesn't split completely into two parts, the result is conjoined twins. Some are joined at *(continued)*



the pelvis or hip and usually can be separated safely. Others share a major organ, such as a heart or a brain, and are unlikely to survive. "It's most common for conjoined twins to die before or shortly after birth," says pediatric surgeon Hampton Rich, M.D., a partner in Pediatric Surgical Associates, in Minneapolis and St. Paul, who headed up the team that separated the Archer twins. And if separation surgery is attempted, often one twin dies, either accidentally or intentionally, so that the other can live.

Despite the shocking news of their twins' condition, Melissa and her husband, Kelly, thirty-two, were optimistic. "Call it a mother's intuition, but not once did it cross my mind that I would not bring home two healthy babies," says Melissa.

That faith sustained her throughout a difficult pregnancy. Melissa went into premature labor three times, requiring drugs and bed rest to prevent early delivery. Another hurdle was the travel: The Archers live in Gettysburg, South Dakota, but their local hospital wasn't equipped to handle such a high-risk pregnancy and birth, so the couple was referred to Abbott Northwestern Hospital in Minneapolis, Minnesota—350 miles away—for the delivery.

The final two weeks before she delivered, Melissa was miserable. Since the twins were joined, they couldn't move around in the womb. They were propped upright in her abdomen with Keri's head pushing up under Melissa's rib cage. "I couldn't sleep; I had so much pressure on my back and stomach," she says.

Because of Melissa's intense discomfort, a cesarean section was planned for the earliest day that the doctors considered safe—about three weeks before the due date. The operating room bustled with doctors, nurses and technicians; a neonatal specialist unit was on standby. The delivery went without a hitch. Melissa recalls that the high-risk obstetrician who performed the delivery, Emanuel Gaziano, M.D., announced, "You have healthy twin girls. T gether, Keri and Kaci weighed teen pounds.

"When I first saw them, I wa ed," says Melissa. "They were so cious. I was glad they were healt

The babies were whisked off Minneapolis Children's Medical ter, next door, for extensive te There, doctors used X rays an scans, which provided high-tech ages of the twins' anatomies. peared that they shared two joined in the middle—but their systems were thought to be separa

Sixteen days after their birth twins were separated in a five- operation. "I wanted to do it as as possible, to minimize the psych ical impact of them being togethe then apart," says Rich.

The doctor and his team had planning for the operation for mo The procedure was performed i hospital's biggest operating roo Rich and three other surgeons.

Prep work, which began at se thirty A.M., was so complicated th

Ripples mean a cleane
bottom, and I'm the onl
one that's got 'em.

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o and a half hours. To start the
aa, doctors had to put breath
es in both babies' mouths, a
ge because the girls were face
They also set up separate IV
each.

n, two surgeons made a long
incision from the bottom of
ls' breastbones to just below
med belly button. As expected,
rs were joined. "If you think of
as being shaped like a pear,
were like two pears with the
nds connected," says Rich. The
ers were successfully cut apart
e the babies had been separat
h was placed on her own oper
ible. Two surgeons worked on
ntant to control bleeding, check
organs, and close up the holes
e girls' abdomens. Around
P.M., the operation was com-
Finally, a doctor went to the
g room to tell the parents their
ere fine. "That was a great feel-
recalls Melissa.

er a few days of careful observa
the neonatal intensive care unit,
the twins were getting their way to a full recovery. Melissa and Kelly were surprised when the twins were released from the hospital early, just eight days after their separation. After scrambling to get car seats, the parents bundled up the newborns and made the seven-hour drive home.

As the Archers neared the outskirts of Gettysburg, a police escort awaited them. The close-knit community of almost fourteen hundred people held a parade and a big homecoming reception to welcome them back. The Archers were grateful to have the ordeal safely behind them—and their family back together. Their older daughters, Kami, then four, and Kristin, six, had been staying with relatives for about two months.

Today, each twin has a six-inch scar on her abdomen. They're a bit self-conscious about the scars, but they don't dwell on them. Keri has a slightly narrower face than Kaci, probably because her head was crowded in the womb, and a half-inch bump of extra bone on her chest that will likely be remedied when she's older, after her lungs and bones are more fully grown. But neither girl has any physical restrictions—nor any memory of having been joined.

"I'm very pleased with how the operation went," says Rich. "I see them every year to check their growth and development—and they're quite normal little girls."

The twins live with their dad, Kelly, and their adored older sisters. Their parents divorced a year and a half ago, but their mom lives only five blocks away and sees her daughters every day.

As much as the twins try to be different, "they're really two peas in a pod," says Kelly. Their voices sound identical on the phone. And often, if you ask them a question, they'll both give the same answer at the exact same time, then burst out giggling.

"They are best friends, and probably will be for life," says their proud mom—although they're at that age when they won't admit it. "They have a bond that nobody else will ever understand."



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I am stronge

In studies, the most common side effects included coldlike symptoms and headache. A small percentage of people experienced anemia and/or mild to moderate swelling of their legs or ankles. If you experience these or other symptoms, talk to your doctor.

As with most diabetes medications, you may experience an increase in weight (3 to 8 lbs). This often occurs with improved blood sugar control.

If you are a premenopausal woman who is not ovulating, you should know that *Avandia* therapy may result in resumption of ovulation, which may increase your chances of becoming pregnant. Therefore, you may need to consider birth control options. Talk to your doctor before taking *Avandia* if you are nursing, pregnant or thinking about becoming pregnant.

While taking *Avandia*, follow your doctor's guidelines for periodic liver monitoring. If you experience nausea, vomiting, stomach pain, tiredness, anorexia, dark urine or yellowing of the skin, talk to your doctor immediately. Please see important patient information on the following page.

For improved blood sugar control, follow the diet, exercise, weight-loss and medication plan recommended by your doctor and test your blood sugar regularly.

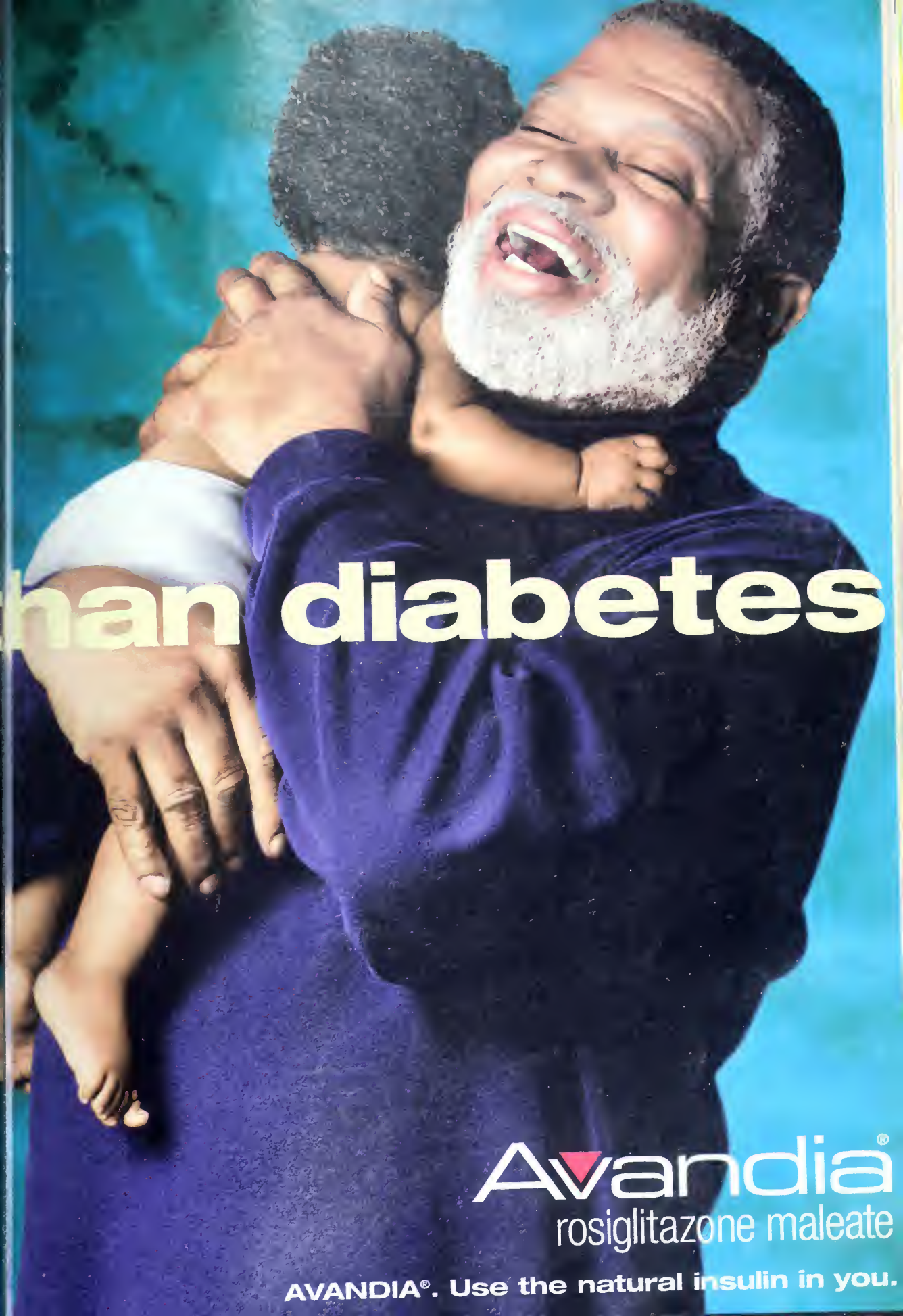
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Patient Information About AVANDIA® (rosiglitazone maleate) Tablets 2 mg, 4 mg, and 8 mg

What is *Avandia*?
Avandia is one product in a new class of prescription drugs called thiazolidinediones (thigh-a-zoe-lid-een-die-owns). It is used to treat type 2 diabetes by helping the body use the insulin that it is already making. *Avandia* comes as pills that can be taken either once a day or twice a day to help improve blood sugar levels.

How does *Avandia* treat type 2 diabetes?
If you have type 2 diabetes, your body still produces insulin but it is not able to fully use the insulin. Insulin is needed to allow sugar to be carried from the bloodstream into many cells of the body for energy. If insulin is not being used correctly, sugar does not enter the cells very well and builds up in the blood. If not controlled, the high blood sugar level can lead to serious medical problems, including kidney damage, blindness and amputation.

Avandia helps your body use insulin by making the cells more sensitive to insulin so that the sugar can enter the cell.

How quickly will *Avandia* begin to work?
Avandia begins to reduce blood sugar levels within 2 weeks. However, since *Avandia* works to address an important underlying cause of type 2 diabetes, insulin resistance, it may take up to 12 weeks to see the full effect. If you do not respond adequately to your starting dose of *Avandia*, your physician may increase your daily dose to improve your blood sugar control.

How should I take *Avandia*?
Your doctor may tell you to take *Avandia* once a day in the morning or twice a day in the morning and evening. It can be taken with or without meals. Food does not affect how *Avandia* works. To help you remember to take *Avandia*, you may want to take it at the same time every day.

What if I miss a dose?
If your doctor has prescribed *Avandia* for use once a day:

- As soon as you remember your missed dose, take one tablet anytime during the day.
- If you forget and go a whole day without taking a dose, don't try to make it up by adding another dose on the following day. Forget about the missed dose and simply follow your normal schedule.

If your doctor has prescribed *Avandia* for use twice a day:

- As soon as you remember the missed dose, take one tablet.
- Take the next dose at the normal time on the same day.
- Don't try to make up a missed dose from the day before.
- You should never take three doses on any single day in order to make up for a missed dose the day before.

Do I need to test my blood for sugar while using *Avandia*?
Yes, you should follow your doctor's instructions about your at-home testing schedule.

Does *Avandia* cure type 2 diabetes?
Currently there is no cure for diabetes. The only way to avoid the effects of the disease is to maintain good blood sugar control by following your doctor's advice for diet, exercise, weight control, and medication. *Avandia*, alone or in combination with other prescription drugs, may improve these other efforts by helping your body make better use of the insulin it already produces.

Can I take *Avandia* with other medications?
Avandia has been taken safely by people using other t tions, including other antidiabetic medications, birth pills, warfarin (a blood thinner), Zantac® (ranitidine, an a product manufactured by Glaxo Wellcome Inc.), certa medications, and some cholesterol-lowering produc should discuss with your doctor the most appropriate you. If you are taking prescription or over-the-counter p for your diabetes or for conditions other than diabetes, to tell your doctor.

What should I discuss with my doctor before *Avandia*?
You should talk to your doctor if you have a history of e liver problems or congestive heart failure, or if you are n pregnant or thinking of becoming pregnant. If you are menopausal woman who is not ovulating, you should that *Avandia* therapy may result in the resumption of ovu which may increase your chances of becoming pre Therefore, you may need to consider birth control optio

What are the possible side effects of *Avandia*?
Avandia was generally well tolerated in clinical trials. The common side effects reported by people taking *Avandia* upper respiratory infection and headache. As with most diabetes medications, you may experience an increase in (3 to 8 pounds). This often occurs with improved blood control. *Avandia* may also cause edema and/or anemia. experience any swelling of your extremities (e.g., legs, a or tiredness, notify your doctor.

Who should not use *Avandia*?
The following people should not take *Avandia*: People type 1 diabetes, people who experience yellowing of th with Rezulin® (troglitazone, Parke-Davis), people who are gic to *Avandia* or any of its components and people diabetic ketoacidosis.

Why are laboratory tests recommended?
Your doctor may conduct blood tests to measure your sugar control. In addition, your doctor may conduct enzyme tests. *Avandia* did not show signs of liver proble studies. However, because a related drug (*Rezulin*) has associated with such problems, and because *Avandia* ha been widely used, your doctor may recommend a blood te monitor your liver before you start taking *Avandia*, eve months during the first year and periodically thereafter.

It is important that you call your doctor immediately if you e rience nausea, vomiting, stomach pain, tiredness, anor dark urine, or yellowing of the skin.

How should I store *Avandia*?
Avandia should be stored at room temperature in a childp container out of the reach of children. Store *Avandia* in its inal container.

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Philadelphia, PA 19101

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NI OF A KIND

S dra Forsyth

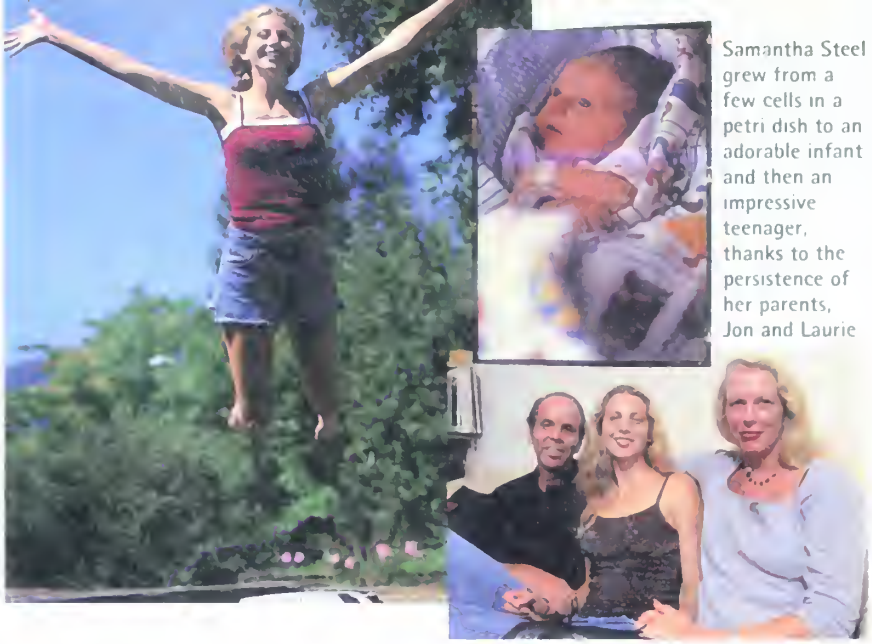
1, *Ladies' Home Journal* an d the birth of Samantha Steel, st American test tube baby o her unusual entrance into orld, Sam today is a free spirit ng is more liberating for her he fact that she just turned n.

be able to vote in the next ential election," she crows when you're eighteen, you ave a curfew."

mother, Laurie, studies her ter for a long and wistful mo- Samantha is beautiful—just over en with lush blond hair. As l dad, Jon, notes, "If there's hing to go for, she goes for it."

a trait she inherited from her s. Laurie and Jon were repeated- d they could never have a child ir own. But they went after their for years guided only by stub- hope. Doctor after doctor had hem that nothing could be done lp. But their persistence, coupled with some cutting-edge medical science, paid off. Sam is a testimony to their love and determination—and, says Jon, "to being in the right place at the right time."

The Steels had moved to England in 1973, after Jon was accepted into the veterinary school at Cambridge University. Laurie, an accomplished violinist, studied at the Royal College of Music and eventually won a position in a symphony. But the good fortune in their careers couldn't fill the void in their personal lives. Several years had passed since Laurie had contracted an intestinal infection, which spread through her abdominal cavity, almost killing her, and seriously *(continued)*



Samantha Steel grew from a few cells in a petri dish to an adorable infant and then an impressive teenager, thanks to the persistence of her parents, Jon and Laurie

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INTERNATIONAL VETERINARY

damaging her fallopian tubes. She had undergone a series of painful and expensive surgical attempts to repair the tubes, but to no avail.

Yet she refused to give up. And Jon shared her conviction. "I was one-hundred-percent supportive," he says. They tried everything the doctors suggested—from temperature charts to fertility drugs. And each month Laurie dreaded the arrival of her period.

Then, in a course on reproductive biology in animals, Jon heard about exciting research that could eventually answer their prayers. His professor, geneticist Robert Edwards, had been working with gynecologist Patrick Steptoe to develop a technique in which a human egg could be united with sperm in a glass petri dish—in vitro. The fertilized egg would be allowed to divide and grow to the eight-cell stage before being inserted in the mother's uterus, where it might implant and develop into a fetus. When Jon told Laurie, she begged him to write to them. Jon did contact Steptoe and Edwards, but was told that the research still was experimental and the demand was already huge.

Then, in 1978, while the Steels were on vacation in Greece, Jon spotted a newspaper at a kiosk in Athens with the historic headline: "First Test Tube Baby Born." Steptoe and Edwards had succeeded. Louise Brown had been delivered by cesarean section, healthy in every way. Laurie and Jon couldn't wait to get back to England.

Scores of couples already had flooded Steptoe's clinic with pleas for help. Fortunately, Laurie turned out to be a perfect candidate. Her medical history proved that she was serious, and a test showed that her ovaries were functioning. Along with thirty other women, she was accepted into the in vitro program in December 1980.

Back then, fertility drugs were not used to stimulate ovulation. The would-be mothers had to wait for the process to occur naturally each month. When it did, they each had a single egg on which to pin the hopes of a pregnancy.

Laurie moved into the patient ing at the clinic and was monito signs of a ripened egg. When th came, she was placed under g anesthesia and Steptoe used l scopic surgery to retrieve the e the time, about 90 percent of re were successful.

In a petri dish, the fragile e placed with Jon's sperm. Thre later, the eight-cell embryo was ed into Laurie's uterus.

She says she didn't need a confirm the pregnancy. She wa tain they'd been successful.

Out of all the anxious patien ing at Steptoe's clinic when sh there, Laurie was the only one got pregnant.

Nine months later, on Octo 1981, Samantha was delivered b sarean section and rated by the system as a "perfect nine." Jon Laurie's side. News of the S amazing quest and its happy e was heralded all over the world.

When the Steels headed ba Sonoma County, California, wit week-old Samantha (and Jon's earned diploma), they recognized everywhere. After brief taste of celebrity, Laurie an settled down to bring up Samant their own quiet way.

"We told Samantha she was s from day one," Laurie says. But didn't get into the details until sh old enough to understand. W Samantha was seven, the Steels eled to England for a reunion o families with test-tube babies. "E didn't really understand for the lo time," Sam says. "I thought I had fathers. I thought the doctor was father, too."

A biology class in fourth gra and later, reading the *Ladies' H Journal* article—gave her a clearer ture. "I still get asked weird quest all the time, like 'Were you genet ly engineered?' 'Did you grow test tube for nine months?' and they make you so tall?'" says San tha. "And my boyfriend totally di believe me. He was like, 'You're ding, aren't you?'"

The Steels tried *(continued on page*



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WOOL BLENDS
are lighter in weight and usually less expensive.

MOHAIR
Mohair wool comes from angora goats and is supersoft (often with a fuzzy texture) and lightweight, yet warm.

ACRYLICS
These come in every weight and can mimic or be blended with cotton or wool. Polar fleece is an acrylic, as are the new ultra-thin high-tech microfibers.

COTTON
A natural fiber, cotton is soft and "breathes"; it's also washable. It can be woven as fine as a baby's blanket or as thick as a fisherman's sweater.

PASHMINA
A new status symbol, this gossamer-light yet invitingly warm wool (from Himalayan mountain goats), is also among the priciest, starting at $200.

CASHMERE
This luxurious wool is lustrous, soft and very fine, offering warmth with heavy weight. Prices start at about $200.

CHENILLE
Can be made with rayon, acrylic or cotton. Rayon chenille is extra lustrous and drapes well; acrylic can be lush and is washable; cotton chenille is soft but more matte.

VELVET
Velvet can be made from a number of fibers, including rayon, cotton or silk, which determines its washability. Velvet throws are often used decoratively.

Once, throws meant Grandma's crocheted afghans, which were kept out of sight when not in use. But with the discovery of silky-soft chenille in recent years—and this season's hot fabric, pashmina—throws have come out of the closet. In everything from cotton to cashmere, as identified here, throws are great winter warm-ups that look great off-duty draped over a sofa or chair. Pottery Barn and Bed, Bath and Beyond have especially nice throw collections this year.

Getting the drape just right, of course, is the trick. Designer Mary Emmerling's tried-and-true method: Pick up the throw by one corner and literally throw it across the end of a couch or chair. Neatniks may prefer to fold a throw in thirds, then place across the end of a bed or ottoman. Or do what sophisticated fashion types do and wrap your pashmina throw around your shoulders as you head out the door.



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LADIES' HOME JOURNAL

AMERICA'S 100 MOST IMPORTANT WOMEN

THE EDITORS OF *LADIES' HOME JOURNAL* SET OUT TO CREATE A SPECIAL LIST OF AMERICAN WOMEN ACHIEVERS—THE 100 FROM A FIELD OF THOUSANDS WHOSE CONTRIBUTIONS AND INFLUENCE OUTSTRIP ALL THE OTHERS'. WE DIDN'T DO THIS ALONE—INSTEAD, WE ENLISTED THE AID OF GROUPS SUCH AS THE NATIONAL ENDOWMENT FOR THE ARTS, THE AMERICAN MEDICAL ASSOCIATION, AND SCORES MORE, TO SUGGEST NAMES AND DEBATE INDIVIDUALS' MERITS. SOME OF THE WOMEN ON OUR LIST ARE VIRTUAL UNKNOWNS, SOME ARE CELEBRITIES. SOME LEAD CORPORATIONS, SOME ARE LEADING VOICES OF CONSCIENCE. THE TEN WOMEN PICTURED ON THE FOLLOWING FIVE PAGES—THE "INFLUENCERS"—STAND APART FOR THEIR POWER AND PROMINENCE. BUT IN HER OWN WAY, EVERY WOMAN IN THIS GROUP REFLECTS THE MULTIFACETED ROLES WOMEN PLAY ON THE EVE OF THE TWENTY-FIRST CENTURY





FORMIDABLE FIRST LADY

HILLARY RODHAM CLINTON

Influential Credentials: The most active—and controversial—First Lady since Eleanor Roosevelt, Hillary has rewritten the role, championing children's and women's issues. The way she steers her course fascinates men and women around the world.

Bio Briefs: Born October 26, 1947, in Chicago. Met Bill Clinton at Yale Law School; married him in 1975. Daughter Chelsea born 1980.

Professional Resume: Famously gave up a promising Washington legal career to follow her heart to Arkansas. As First Lady of that state, and then as First Lady of the land, became a lightning rod for controversy—for choosing to go by her maiden name, for playing a policy role in her husband's administration, for assorted allegations of wrongdoing (Travelgate, Fostergate, Filegate).

White House Blues: Found herself temporarily sidelined after the embarrassing 1994 health-care defeat. More embarrassing still: The Monica Mess of 1998, and her husband's impeachment by the House.

She Says: "I want to be judged on my own merits. Now for the first time I am making my own decisions. I can feel the difference."

GUN CONTROL CRU...

REP. CAROLYN MCCARTHY

Influential Credentials: When Rep. Caroly McCarthy (D–New York) campaigns for g control, she speaks from searing personal experience—and politicians often listen.

Bio Brief: Born January 5, 1944, in Brookl New York. Married Dennis McCarthy, Wal Street office manager; one son, Kevin.

Turning Points: In 1993, a gunman spray commuter train with bullets, killing her hu and five others and grievously wounding he That made her an activist. Then she learne her Congressman would vote to repeal the as weapons ban. That made her run for Cong

Goal: Childproof locks on handguns.

She Says: "You have to personalize it. That what gives you the energy to keep fighting



EMPRESS OF EMPATHY

OPRAH WINFREY

Influential Credentials: The richest, most powerful person on TV still comes across as our national girlfriend, whose advice on almost anything we trust and take to heart.

Bio Brief: Born January 29, 1954, in Kosciusko, Mississippi, to an unwed mother, and as a young girl was sexually abused by two different men. By 19, was an honor student and Miss Black Tennessee. Lives with fiancé Stedman Graham.

Résumé: A Great Communicator from the get-go, she became a Nashville news anchor at 19 and had her own TV talk show by 30. The Oprah Winfrey Show, watched today by 33 million viewers, went national in 1986. Her role in The Color Purple launched her career as a movie actor and producer.

Defining Moments: When she lost 67 pounds on a liquid diet in 1989, and hauled that much fat on stage. Also, when she started her book club, creating instant best-sellers, in 1996.

Future Forecast: She's contracted to do her talk show through the 2001–2002 season. And next year, she'll be co-launcher of Oxygen, a new cable channel.

She Says: "My goal is always, how do you get better?"

PHOTOS, FROM LEFT: WALTER McBRIDE/RETNA LTD.; TIMOTHY GREENFIELD-SANDERS/CORBIS SYGMA

ESTYLE SUPERSTAR

ARTHA STEWART

luential Credentials: She knew a "good thing" en she saw it coming, sensing that career-zed women were eager to savor the joys of oking, decorating and gardening—if only in ntasy. Now she's everywhere—on our sheets as ll as our TV and bookshelves.

Brief: Born 1941 in Jersey City, New Jersey. orked as model, stockbroker, caterer. Married to dy Stewart, 1961 to 1990. Daughter, Alexis.

ggest Breakthroughs: Published her first book, tertaining, in 1982. Started her magazine in 1990. show, 1993. Kmart line of paints and linens, 1997.

siness Empire: Calls her company Martha Stewart ving Omnimedia, as befits someone who's nnipresent, with products that spun out revenues $180 million last year. And lest you think that's ough, the company has filed plans for a 100 million initial public stock offering.

sting Legacy: Women no longer have to ologize for taking delight in domesticity.

ne Says: "I think people who have a real ntrepreneurial spirit . . . should absolutely follow eir desires. It makes for a much more teresting life."





SOCCER'S ALL-STAR

MIA HAMM

Influential Credentials: Arguably the best woman soccer player in the world—and certainly, the best-known—this modest superwoman shows up everywhere from Gatorade commercials with Michael Jordan to wall posters to Barbie doll boxes.

Personal Portfolio: Age 27. Air Force brat. Married to college sweetheart Christian Corey, a U.S. Marine Corps pilot.

Biggest Scores: Won an Olympic Gold medal in 1996, and the World Cup this year. Has made more lifetime goals than anyone, including the legendary Pele; a building is named after her at Nike headquarters.

Defining Details: Famed for her shiny ponytail, well-scrubbed face and muscled body. Hamm was named one of People magazine's 50 Most Beautiful.

Lasting Legacy: There's 6.5 million girls and women now playing soccer in the U.S., and the legions who will follow. Plus all soccer moms and other females who finally found a sport they could play, too!

She Says: "I don't want to just set records, I want to set the trophies. I don't want to be the greatest soccer player ever."



SPIRITUAL ADVISER

IYANLA VANZANT

Influential Credentials: Her best-sellers (One Day My Soul Just Opened Up and In the Meantime, among others) guide countless women with a powerful mix of New Age encouragement and African spirituality.

Personal Passage: Born in 1953 to an unwed mother, raised by abusive relatives and family friends, married to a man who beat her, Rhonda Vanzant took her three kids and left in 1979, went on welfare—and began a new life.

Turning Points: Worked her way through college, then law school; wrote Tapping the Power Within: A Path to Self-Empowerment for Black Women in 1990, and her first best-seller, Acts of Faith, in 1993.

She Says: "Spiritual consciousness does not make your problems go away; it does, however, help you view them from a different vantage point."





TOP HEALTH COP

JANE ELLEN HENNEY, M.D.

Influential Credentials: As the first woman to head the federal Food and Drug Administration, she oversees the safety of our foods, cosmetics, drugs and efficacy of medical devices, and more.

Bio Brief: Born in 1947 in Woodburn, Indiana—population: 512. Graduated from Indiana University School of Medicine in 1973. Has written or co-authored more than forty research papers and book chapters. Married to Robert Graham, M.D.

Career Path: Was deputy director of National Cancer Institute, and a deputy commissioner of the FDA between 1992 and 1994.

Hot Topics: At the FDA, has approved a new form of morning-after pill (called "Plan B").

She Says: "I believe the decision-making in the institution needs to be very fairly grounded in science, and not left to political whims."

WONDERWOMAN

G WHITMAN

ential Credentials: Runs the Web auction site, which e of the Internet's few table ventures.
rief: Age 43; married to a surgeon; mother of two boys.
ssional Résumé: CEO of since March 1998. ously, armed with a eton B.S. and a Harvard , rose through executive s at Procter & Gamble, ey, FTD and Hasbro toys.
nal Choices: Followed her and to Boston for his career; llowed her to San Jose for . Drops her youngest at school re work; tries to leave office by or family time before resuming after others go to bed.
est Score: Taking eBay public September, and watching the k soar 163 percent the first –temporarily shooting the er value of her own stock ons to $1.7 billion.
Says: "I figure that no matter t I'm doing, I'd better do it well."





SHINING STAR

JULIA ROBERTS

Influential Credentials: No wonder she's smiling. The world's most bankable female star makes more per movie—$17 million—than any other actress.
Bio Brief: Born in Smyrna, Georgia, 1967. Married to troubadour Lyle Lovett in 1993; divorced 21 months later.
Romantic Résumé: Dated many of her leading men: Liam Neeson, Dylan McDermott (briefly engaged). Most recently seeing hunky TV star Benjamin Bratt.
Screen Credits: Mystic Pizza was the 1988 indie that launched her; Pretty Woman in '90 made her a star. After a series of semi-fizzles, she hit the heights with her recent return to romantic comedy, My Best Friend's Wedding, Runaway Bride and Notting Hill, giving her more $100-million movies than any other actress.
She Says: "It's actually kinda great being me."

OPINION SHAPER

MAUREEN DOWD

Influential Credentials: Love her or hate her, millions read her syndicated New York Times "Liberties" column twice a week.
Bio Brief: Age: 47. Single. Hometown: Washington, D.C. Worked her way up at the Washington Star and Time; hired by The New York Times in 1983.
Career Highlight: Won 1999 Pulitzer prize for her "fresh and insightful" columns on the Monica scandal.
Defining Moment: While others fawned over a Clinton trip to England, Dowd deadpanned: "Bill Clinton returned today for a sentimental journey to the university where he didn't inhale, didn't get drafted, and didn't get a degree."
She Says: "We [journalists] are a noisy, imperfect lot, struggling to scribble what has been called the first draft of history."

BUSINESS/FINANCE

Abby Joseph Cohen
WALL STREET'S MARKET GURU
The mere rumor that she's feeling a little less bullish than usual can send tremors down Wall Street. Indeed, the opinions of this savvy stock-market forecaster, the chief U.S. market strategist for the investment firm Goldman Sachs, carry more weight than practically anyone's. "The bard of the bull market," as she is known, Cohen is famous for her positive predictions—and for making money for high-powered institutional investors. Now 47, she lives with her husband and their two teenage daughters in the modest Queens neighborhood of her childhood—despite the fact that her partnership stake at Goldman alone is valued at more than a million dollars.



Carleton Fiorina
HIGH-TECH'S NEW HEAD HONCHO
She ditched law school after one semester because she disliked the emphasis on precedent—and she has been breaking rules and shattering conceptions ever since. Fiorina, 45, was a driving force behind the successful spinoff of Lucent Technologies from AT&T three years ago. Her subsequent performance as president of a core division at Lucent catapulted her to her new position, president and chief executive of Hewlett-Packard Company, the second-largest computer maker in the world.

Ann Fudge
YOUR BREAKFAST IS HER BUSINESS
As president of Kraft's Coffee and Cereals Division, Fudge, 48, oversees some of America's most popular breakfast brands. She also accounts for more than 15 percent of the revenue at the largest U.S.-based packaged-food company in the world. Beyond the breakfast table, Fudge sits on the corporate boards of companies as diverse as AlliedSignal, Liz Claiborne and Catalyst, the research firm that tracks women in business. You can bet they're tracking her, too.



Linda [illegible]
THE TOUGHEST LADY IN LINGERIE
She brought bras out of the closet and onto display hangers, a change that caused sales—and her career—to soar. Now her Fortune 500 company, Warnaco, controls 30 percent of the worldwide bra market and, as one of only a handful of chief executives to simultaneously preside over two large public corporations, Warnaco (the Coca-Cola of lingerie) and Authentic Fitness (swimsuits and sportswear), Wachner, 53, is the highest-paid apparel-industry leader. Selling scanties hasn't made her a softie. Named one of *Fortune*'s seven toughest bosses, she says, "I've yelled at people, and I'm not ashamed of it."

Abigail Johnson
EARNING HER KEEP
This '90s heiress—she's the daughter of the billionaire chairman of Fidelity Investments, the world's largest mutual fund company—doesn't sit at home, basking in the family fortune. She goes to work. And she doesn't have just any job—she's a senior vice president in the Equity Division at Fidelity, overseeing portfolio managers. Will the 37-year-old Harvard Business School graduate and mother of two small daughters one day succeed her father? That remains to be seen, but as she goes about her work, Abigail Johnson is already more than a lady-in-waiting.



Shelly Lazarus
SHE'S HER OWN BEST ADVERTISEMENT
Lazarus started out as an advertising account executive, explaining women's buying habits to her male colleagues. Twenty-eight years later, she is the chairman and CEO of Ogilvy & Mather Worldwide, the eighth-largest advertising agency in the world. Steady and pragmatic, Lazarus, 52, eschews Madison Avenue glitz. She dresses simply with a trademark strand of pearls, chats about her family at power lunches, and skips work for her kids' birthdays and doctor visits. She likens her balancing act to a swan swimming across a lake: "I look smooth, but underneath I'm paddling like crazy."



Heidi Miller
BALANCING HIGH-FINANCE'S LARGEST ACCOUNT
Where do you start a career path that leads you to become the chief financial officer of Citigroup, the world's largest financial company? For Miller, 46, it was getting a graduate degree in Latin American history—and then discovering there were few teaching jobs available. Banks, however, were seeking Latin American specialists, so she took the plunge and has never looked back. These days, this mother of two boys brokers complicated deals, oversees $700 billion in assets, and safeguards Citigroup's all-important credit ratings. "I'm a Jewish girl from Queens," she says. "I like report cards, and those are my grades."

Marilyn Carlson Nelson
SERVICE STAR
With revenues of more than $22 billion, business is booming at the Carlson Companies—thanks in no small part to Nelson, 60, who took over the reins of the international travel and hospitality conglomerate from her father last year, after serving as COO. If the company's name doesn't ring a bell, some of its hotels and restaurants most likely will: Radisson Hotels, T.G.I. Fridays, Regent International Hotels, and Country Inns & Suites, to name a few. Now, as president, CEO and chair of the board of directors, she leads 160,000 employees—more than any other American female executive.

Marjorie Scardino
THIS YANKEE IS GALVANIZING BRITISH PUBLISHING
When the news broke that Scardino would become the CEO of venerable British media conglomerate Pearson PLC, the company's stock slumped 2.4 percent. Almost three years later, it has nearly doubled. The former lawyer and Pulitzer prize-winning newspaper publisher sees her American identity and experience as her biggest assets in refocusing the hidebound British corporation into a sharply honed media group. Pearson's recent purchase of Simon & Schuster's educational publishing unit makes Scardino, 51 and a mother of three, ruler of the world's largest fief in that field.



Cynthia Trudell
AT THE WHEEL AT GENERAL MOTORS
Don't make jokes about women drivers in Cynthia Trudell's presence. As the new chairman and president of Saturn, Trudell, 46 and the mother of two teens, is now the most senior woman in the U.S. motor industry and the first to head a car division. Her strong credentials in engineering and management, as well as being one of the industry's very few female executives who has spent a lot of time in factories (she ran a transmission factory and a sports-utility plant), signal a fundamental change in the male-dominated world of auto-making. GM has described its Saturn subsidiary and its product as "a different kind of company; a different kind of car." Now there's a different kind of chairman.



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ARTS AND LETTERS



Susan Faludi
REDEFINING FEMINISM

Soft-spoken and demure, the 40-year-old Pulitzer prize-winning former Wall Street Journal reporter never expected to become a modern feminist icon. But her best-selling 1991 book, Backlash: The Undeclared War Against American Women, touched a nerve among readers. Suddenly, she was being compared to Betty Friedan and Simone de Beauvoir. In her book, Faludi argued that feminism was under attack—a Hollywood trend depicting miserable and psychotic career women (Working Girl, Fatal Attraction) was just one of her many potent examples. Now, in her new book, Stiffed: The Betrayal of the American Man, Faludi undertakes a major reassessment of what it means to be a man. Her book is empathetic toward men, which is going to confuse her critics, she says.

Renee Fleming
OPERA'S LEADING LADY

Opera star Renée Fleming had no choice but to sing: Her parents, both voice teachers, saw to that. Fleming, now 40, trained at the Eastman School of Music and Juilliard, and is now one of the world's most sought-after sopranos, thrilling audiences and inspiring standing ovations with her rich, sensual style. Fleming so dazzled conductor Sir Georg Solti that he once declared, "I am having a love affair with [her] voice."

Doris Kearns Goodwin
CHRONICLING EXTRAORDINARY AMERICANS

A masterful melding of biography and history, as well as an eye for the details that brings great political figures to life: These are the tools that won Goodwin, 56, the 1995 Pulitzer prize for No Ordinary Time, a book about Franklin and Eleanor Roosevelt, as well as acclaim for her earlier works on the Kennedy family and Lyndon Johnson. She learned to tell a gripping story by describing Brooklyn Dodgers' games to her father at dinner every night. Goodwin is again examining two extraordinary Americans in her current project, a book about Abraham and Mary Todd Lincoln.

April Greiman
THE COMPUTER IS HER PAINTBRUSH

Greiman was one of the first graphic designers to embrace computers, and she's been breaking conceptions of traditional graphic design ever since. "I play fast and loose with all the media, from photography and TV through computers and laser-printing technologies," says Greiman, 51. Her dense collages have been showcased at top museums from coast to coast. Greiman also lends her touch to Web sites and multimedia CD-ROMs, as well as restaurant menus.



Annie Leibovitz
SHE SHOOTS FOR THE STARS

People still talk about her cover photo of a nude and pregnant Demi Moore and her portrait of John Lennon and Yoko Ono (yes, that one!). In today's starstruck culture, being photographed by Leibovitz is a sure sign of celebrity. Still, there's a serious artistic talent behind the sensationalist shots in Rolling Stone, Vanity Fair and The New Yorker. Leibovitz, 50, was also the first woman to have a major retrospective at the National Portrait Gallery, in Washington, D.C.



Maya Lin
A MONUMENTAL MODERNIST

The artist-architect was only 21 when her controversial design for a Vietnam Veterans Memorial beat out nearly fifteen hundred other entrants. Today the popular Washington, D.C., monument, a black slab of granite engraved with the names of the men and women who were killed during the war or became missing in action, is one of the most respected works of public art in America. Another is Lin's Civil Rights memorial in Montgomery, Alabama. Lin, 40, stopped designing monuments a decade ago, but her work, from a library for the Children's Defense Fund to a line of retail furniture for Knoll, can still be enjoyed by the public.

Patricia Moore
DESIGN FOR LIVING

Industrial designer Patricia Moore gets infuriated by labels like "disabled" and "senior." "We disable people," she tells audiences of architects, engineers, designers and urban planners. Her mission: a wholesale redesign of our structural environment to embrace the needs of all people. "Somebody with arthritis or low vision, a latchkey kid or your grandmother, should be able to maintain themselves safely in their own home," says Moore, 47. Her ideas have hit home with baby boomers, resulting in a range of new products from voice-activated light switches to wheel-in showers.

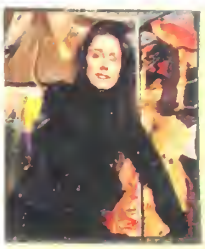
Toni Morrison
A WINNING WAY WITH WORDS

She caught the attention of the literary world in 1970 with her critically acclaimed first novel, The Bluest Eye, and has been winning accolades ever since—from the Pulitzer prize for Beloved to the Nobel prize for literature in 1993, only the second American woman to be so honored. The granddaughter of a slave, Morrison examines the issues of slavery and racism in rich, imaginative language that is as much poetry as prose. "My aim is to reach all readers who are not fearful of being challenged," says Morrison, 68.



Danielle Steel
SUPERSTAR OF THE BEST-SELLER

Five marriages. Seven kids. Seventy-five books that have sold 390 million copies, putting her name on the New York Times best-seller list for a record 390 consecutive weeks. Steel, 52, doesn't just dabble—whatever she does, she does all out. Perhaps the best-read working writer in the world today, Steel's novels, mostly romances about love, heartache and triumph, often with a Lifestyles of the Rich and Famous edge, are sometimes faulted for being "cookie-cutter versions of one another." But the formula has many more fans than foes—Steel's books, which she sometimes pounds out five to seven at a time, earn her a reported $25 million a year.



Julie Taymor
TRANSFORMING AMERICAN THEATER

Eyebrows were at the hairline when Disney chose Taymor, a recipient of a 1991 MacArthur "genius" grant but little-known on Broadway, to direct the stage version of The Lion King. But her inventive mix of music, staging and half-animal, half-human masked actors turned the eighty-minute show into what The New York Times called, "the most memorable, moving and original theatrical extravaganza in years," and made Taymor, now 46, the first woman ever to win a Tony Award, in 1998, for best director of a musical.

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HERSHEY'S KISSES

ENTERTAINMENT/SPORTS



Nora Ephron
BELLE OF THE BOX OFFICE
Her reporting for the New York Post and Esquire early in her career and her books such as Crazy Salad and Heartburn certainly garnered lots of attention. But Ephron, 58, is perhaps best known, and best loved, for her movies, particularly When Harry Met Sally . . ., Sleepless in Seattle, and last year's electronic love story, You've Got Mail. In a market dominated by male-oriented action films, Ephron—one of only a handful of successful female directors—and her wonderful romantic comedies keep the other half of the population very well entertained.

Calista Flockhart
INTERPRETING THE NINETIES WOMAN
You can't please everyone. Just ask Calista Flockhart, 34—in the last two years, she's been roundly celebrated, and harshly criticized, for her portrayal of the lead character on Fox's hit show Ally McBeal. Opinions divide on whether whiny, short-skirted Ally is some kind of antifeminist throwback, or an honest interpretation of a typical modern career woman. One thing on which all can agree: Ally does have some typical thirtysomething neuroses. What single woman in her thirties hasn't seen that dancing baby?

Lauryn Hill
TOPPING THE CHARTS
Singer, songwriter, and producer Hill, just 24 years old and the mother of two, is making records—and breaking them. Her 1998 debut solo album, The Miseducation of Lauryn Hill, picked up five Grammys—the most ever by a female in a single year—including Album of the Year and Best New Artist. Her style, a groundbreaking fusion of rap, R&B, soul, reggae and hip-hop, has been hailed by critics, who've compared her music to that of luminaries Aretha Franklin and Stevie Wonder.



Sherry Lansing
HOLLYWOOD'S NUMBER-ONE STUDIO BOSS
If you enjoyed Forrest Gump, Titanic or Saving Private Ryan, thank Sherry Lansing. She's been the powerhouse behind Paramount Pictures' Motion Picture Group since 1992. On her watch, Paramount has laid claim to 20 percent of the movie market share—the most of any studio—won three best-picture Oscars, and earned record-breaking profits. Lansing, 55, is a self-proclaimed "control freak" who reviews every detail about every script, but she's also known for being gracious and nurturing—and as having the "nicest 'no' in Hollywood."

Nancy Lieberman-Cline
SUCCESS ON AND OFF THE COURT
Long before WNBA basketball games were drawing crowds, Lieberman-Cline was taking center court. The former guard dominated women's basketball for more than two decades, and made basketball history in 1986 as the first woman to play in a men's professional basketball league. With her playing days now behind her, Lieberman-Cline, 41, is still making headlines as the head coach and general manager of the WNBA's Detroit Shock. She is also the president of the Women's Sports Foundation's board of trustees.

Madonna
CERTIFIED SENSATION
Taking early retirement is apparently not this diva's plan. Now 42, Madonna



is one of the most
ıtial forces in music—
ıp culture—just as she
en for the past two
s. Far from slowing
the single mom and
of the Maverick
ing label has most
ly won a Grammy with
998 Ray of Light album,
hit single (her 1999
"Beautiful Stranger"
the movie Austin
s: The Spy Who
ed Me), and will be
ıg in The Next Best
with Rupert Everett,
uled for release in
Make that three
es of influence.



Rosie O'Donnell
THE NICE QUEEN
First we knew and liked her as a stand-up comedian and
s. Then came the 1996
of The Rosie O'Donnell
—a variety/talk show that was acclaimed by critics and adored by viewers from the start. The secret to Rosie's appeal? Maybe it's the way she cries at sentimental commercials or waxes rhapsodic about Cheez Whiz. Or maybe it's the passion she expresses for causes she believes in and the obvious joy she takes in her two adopted kids.

Meg Ryan
AMERICA'S SWEETHEART
She commands more than $10 million per picture these days, making her one of the highest-paid actresses in Hollywood. Cute and bubbly and blond, she gained this fame by playing plucky romantic heroines in films like When Harry Met Sally . . . (the deli scene in which she flamboyantly fakes an orgasm has become a comedy classic) and Sleepless in Seattle. But in recent years, Ryan, 37, has tackled some heavier roles: a drugged-out stripper (Hurlyburly) and an alcoholic mother (When a Man Loves a Woman), wowing audiences and all but shattering her girl-next-door image. Next she'll be teaming up with Diane Keaton in Nora Ephron's romantic comedy, Hanging Up.

Meryl Streep
CONSUMMATE PERFORMER
Acclaimed for her flawless acting technique, her astonishing emotional range, and gift for accents, this brilliant star has captivated audiences for more than two decades and has played a broader range of roles than virtually any other contemporary actress. Streep has also garnered more laurels than any other performer, including eleven Oscar nominations and two Oscars. Streep, 50, raises her four children with her husband, Donald Gummer, in northwestern Connecticut—and to date, she's appeared in 27 movies. Alan J. Pakula, who directed Streep in Sophie's Choice, once said, "If there's a heaven for directors, it would be to direct Meryl Streep your whole life."



Venus Williams
RISING STAR
At age four, Williams started hitting balls on the public courts of Compton, California, a town better known for gang violence than racquet sports. Fifteen years later, some are calling her "the best thing that has happened to tennis," and she's the number-three ranked female player in the world. Standing six-feet-one-inch tall, with a serve that's been clocked at up to 127 m.p.h., Williams combines dominating size with sheer power. After an impressive quarterfinals performance against Steffi Graf at Wimbledon this year, some predict many future championships. ▶

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ADVOCACY/SOCIAL ISSUES/RELIGION

Sarah Brady
UP IN ARMS OVER GUNS
On March 30, 1981, Sarah Brady's husband, Jim, Ronald Reagan's press secretary, was shot in the head by a would-be assassin, and has since been confined to a wheelchair. That day changed her life—and began her tireless gun-control crusade. She spent four years fighting for the Brady Bill, finally passed in 1993, which requires a national five-day waiting period for gun purchases. In the wake of the Columbine tragedy, Brady, 57, chair of Handgun Control, Inc., has been pushing for governmental regulations that would make it harder for guns to get into the hands of children.



Nancy Brinker
RACING FOR THE CURE
As she watched breast cancer claim her sister's life in 1980, Nancy Brinker vowed to help other women beat the disease. Two years later, Brinker, now 53, founded what has since become the country's largest private funder of breast-cancer research and treatment. Named the Susan G. Komen Breast Cancer Foundation in her sister's memory, Brinker's organization has awarded $38 million for breast-cancer research grants, and spearheaded the Race for the Cure.

Carol M. Browner
PROTECTING THE ENVIRONMENT
The New York Times has called the head of the Environmental Protection Agency "a new type of environmentalist." Browner, 44, believes that economic development and environmental protection are complementary priorities. By rewarding businesses that develop pollution prevention and recycling strategies, in her six-year tenure she has accelerated the cleanup of toxic-waste sites and abandoned urban properties, improved air quality, and implemented laws on safe drinking water and food.



Linda Chavez-Thompson
A NEW VOICE FOR AMERICA'S WORKERS
Chavez-Thompson still remembers her first labor negotiation. At the request of her seven siblings, she demanded that her father, a sharecropper, let their mother take a rest break picking cotton, or else the kids would walk off the job. She won that round, and has gone on to win enough others over three decades of union activism and leadership to become the executive director of the AFL-CIO, a 13-million-member union. Her election made Chavez-Thompson, 45, the highest-ranking woman in the American labor movement and the first minority to reach such a position, and shattered the glass ceiling in an arena known for being "male, pale and stale."

Marian Wright Edelman
ADVOCATE OF CHILDREN'S RIGHTS
In the early '60s, while a student at Yale Law School, this activist worked alongside Martin Luther King, Jr., registering black voters in Jackson, Mississippi. When she returned to Mississippi two years later to work for the NAACP, she encountered desperately poor children living in terrible conditions, and felt compelled to bring what she saw to national attention. In 1973, she founded the Children's Defense Fund, a nonprofit organization in Washington, D.C., to provide a voice for poor, minority and handicapped children. At 60, she still lobbies tirelessly for laws to protect children, for safer schools and for guarantees from states that no child in need of medical care will be denied it.

Fiorenza, Ph.D.
BIBLE BASICS
Through her pioneering research in feminist theology, Fiorenza challenges students at Harvard Divinity School to reexamine their basic understanding of the Bible. The result has been an ever-expanding appreciation of women's role in religion. Her active leadership in the academy and her prolific writing are matched by her involvement in task forces connected with women in church, ministry and theology. Fiorenza's most recent book, Sharing Her Word, articulates a religious vision promoting human dignity, justice and well-being.



Melinda French Gates
A WEALTH OF GOOD WILL
A Microsoft marketing executive who met her husband-to-be, Microsoft co-founder Bill Gates, at a 1987 company picnic, Gates is now helping the richest man in the world give away 95 percent of his $71 billion net worth. Gates, 34, left Microsoft in 1996, and now devotes herself to raising the couple's two children and helping oversee the Bill and Melinda Gates Foundation, which awards grants to support initiatives that would improve the health of women and children in developing countries and money to help narrow the "digital divide" by providing increased computer access to poor communities. With $17.1 billion in assets, their foundation is America's wealthiest. At the Gateses' current rate of giving ($6 billion per quarter) it will soon be the wealthiest in the world.

Tipper Gore
PROMOTING MENTAL-HEALTH AWARENESS
The matriarch of America's Second Family has made a name for herself as an outspoken advocate for causes before. But perhaps her most personal crusade has been for mental-health awareness, an interest that stems from her own recently disclosed battle with depression. As President Clinton's mental-health policy adviser, Gore helped organize the first White House conference on mental health in June 1999.



Mary Pipher, Ph.D.
DOCTORING OUR NATIONAL PSYCHE
A clinical psychologist and teacher at the University of Nebraska, at Lincoln, Pipher has been called the Dr. Spock of our national psyche, thanks to her reassuring insights and practical solutions to problems afflicting adolescents, families and the elderly. As the author of the best-selling book Reviving Ophelia, Pipher helped parents recognize that their adolescent daughters need special nurturing and guidance to retain their self-confidence. Most recently, Pipher, 52, led a personal expedition into the land of the aging in Another Country: Navigating the Emotional Terrain of Our Elders.

Rosemary Radford Ruether, Ph.D.
HER PLACE IS IN THE PULPIT
Who says a leading Catholic feminist theologian can't have a sense of humor? Not Ruether, 63, who writes of wanting to silk-screen a T-shirt with the slogan: "Infallibility means never having to say you're sorry"—and wear it to Catholic meetings. The author and editor of 32 books, she has traveled the world promoting feminist theology. Her home bases are Garrett-Evangelical Theological Seminary and Northwestern University, in Evanston, IL, where she teaches popular courses on the interrelations of Christian theology and history to issues of social justice.



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MEDIA



Carole Black
BROADCAST NEWS
It's only fitting that the sole television network for women have a female chief executive. And now, after 15 years of male leadership, Lifetime Entertainment Services has just that: In February of this year, Carole Black was named president and CEO. With plans to increase Lifetime's audience by increasing network tie-ins and Web site content, Black comes onto the scene just in time to take on the channel's first serious competitor, Oxygen, a women's cable network set to debut early next year.

Tina Brown
THE QUEEN BEE OF BUZZ
Brown compares putting together a successful magazine to staging a successful party with all the most interesting people. Judging from her work at Vanity Fair and The New Yorker, the brash and brainy British blond is the hostess with the mostest. Brown, 46, rewrote the rules for the magazine world, mixing Roseanne mud-wrestling with serious foreign-policy pieces and sharp political commentary. In the process, she's turned around two general-interest magazines at a time when the genre was supposed to be dying. Now she's swinging for a third hit with her latest venture: Talk magazine. Another general-interest monthly, it's already the talk of the town.

Katie Couric
TODAY'S WOMAN
She started out as a desk assistant for ABC News Bureau in 1979, and is now the $7-million-a-year Today co-anchor whose wide smile greets America each morning But don't let her perkiness fool you: Couric, 42, also happens to be a no-nonsense reporter, unafraid to ask the tough questions, as when she grilled former-President Bush in a chance encounter at the White House. Her professional triumphs were recently eclipsed by a personal tragedy, the untimely death of her husband, Jay Monahan, of colon cancer. But Couric's public composure during that difficult time won her even more respect from colleagues and viewers.

Patricia Fili-Krushel
MINDING ABC'S P'S AND Q'S
Times aren't easy for broadcast television. Externally, the networks are under siege from cable programming; internally, they must pacify restless affiliates. Enter Fili-Krushel, 46, who became president of the ABC Television Network in July 1998, after five years of keeping such shows as General Hospital in the forefront of daytime drama. The first woman to head up one of the three major networks, Fili-Krushel claims that mothering two preteens makes her a better manager: "It's perfected my negotiating skills." Guess those affiliates will learn to eat their spinach.



Jane Friedman
TURNAROUND ARTIST
When Friedman became president and chief executive of HarperCollins Publishers in 1997, the venerable firm was going down fast. Profits had plummeted 80 percent. Friedman bet on a story of another sinking ship—two, in fact—and watched Titanic and The Perfect Storm zoom up the best-seller lists. Last year, HarperCollins had 34 New York Times best-sellers—up from 5 in 1997. And with the recent acquisition of the William Morrow and Avon publishing firms, Friedman, 53, now heads up the second- arges: publishing house in America How's that for a happy ending?

Karen Jurgensen
NEWSPAPERS FOR THE NEW MILLENNIUM
Seventeen years ago, Jurgensen, 50, quit a secure job at The Miami News and moved to Washington, D.C., to join an iffy start-up publication. Her reason: "I thought that USA Today was the most exciting thing going on in journalism, and I wanted to be a part of it." She still does, and, as the recently appointed editor-in-chief—the first woman to head up a national newspaper—she's playing a bigger part than ever.

Geraldine Laybourne
CREATING COMMUNITY ON CABLE TV
As president of Nickelodeon from 1989 to 1996, Laybourne built a struggling kids' cable TV station into the most successful basic-cable network available. Now she hopes to do the same thing with Oxygen, a cable venture and cluster of Web sites that Laybourne, 52, calls "a new way of connecting with modern women." Her high-powered helpers include co-founder Oprah Winfrey. What's the difference between Oxygen and other issue-oriented sites for women? Says Laybourne, "We intend to have a sense of humor."



Diane Sawyer
ABC BANKS ON THIS ANCHOR
You'd never guess by looking at her, but Sawyer, 53, gets almost no sleep. Nine months ago, in an effort to boost ratings, ABC asked the queen of the nighttime news magazine 20/20 to do double duty on the Good Morning America anchor desk. Since she teamed up with Charlie Gibson, ratings have soared. And they probably will continue to do so. Sawyer just signed for another year on GMA. Salary: $7 million.

Laura Schlessinger, Ph.D.
SHE'S NO DR. FEELGOOD
Dr. Laura Schlessinger always tells it like it is. After nine years of dispensing advice on the Dr. Laura Show, a nationally syndicated radio call-in program in Los Angeles, the 52-year-old licensed marriage and family counselor has made relationship problem-solving into big business. While some believe she isn't a qualified therapist—her Ph.D. is in physiology, not psychology—Schlessinger's brutal honesty attracts 15 million listeners each week. Schlessinger is also author of five best-sellers.



Barbara Walters
FIRST LADY OF JOURNALISM
When Walters announces a "special," you'd better tune in, because chances are everyone will be talking about it for months (or years) afterward. Among her greatest interview coups: speaking with Christopher Reeve after his accident and getting the Monica Lewinsky exclusive. Yet, Walters, 68, resists sensationalism, offering an always candid, in-depth story instead. Since she first became an anchor on Today a quarter of a century ago, she has been the medium through which the rest of us examine the people who shape our world. For that, she has become one of them.

TASTEMAKERS

Meet the ten women who set the style in food, fashion, beauty and decorating, profiled on the following pages.

Barbara Barry - p. 192
Bobbi Brown - p. 186
Julia Child - p. 216
Emme - p. 191
Maida Heatter - p. 203
Sally Hershberger - p. 189
Jeanne Jackson - p. 187
Andrea Jung - p. 190
Vera Wang - p. 188
Alice Waters - p. 202

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LAW/EDUCATION

Martha Barnett
POWER OF ATTORNEY
Barnett grew up in a town of just 500 people, so she is amazed that she'll soon be leading the American Bar Association's 346,000 lawyers. Barnett, 52, a partner at Holland & Knight, a prestigious firm in Tallahassee, Florida, will become the second woman to serve as president of the association. In the position, she intends to focus attention on the issues women in the legal profession face.



Sheila L. Birnbaum
CORPORATE LEGAL AID
When large corporations get in hot water, they call Birnbaum to bail them out. As head of the products liability department of heavyweight New York law firm Skadden Arps, Birnbaum, 59, specializes in complex class-action and insurance litigation. She's defended clients in such high-profile cases as Dow Corning's breast-implant litigation and Georgia Pacific Corporation in a class-action suit involving nearly one million people.

Sandra Feldman
PUBLIC SCHOOL'S ADVOCATE
This former teacher rarely minced words when, as head of the powerful New York City teachers' union for more than a decade, she battled a cash-strapped city for funds and facilities. Now, Feldman, 60, is using her bully pulpit as president of the one million-member American Federation of Teachers to push for improved public education across the country, starting with expanding programs for early childhood education in day care, preschool and kindergarten. "Public education was everything for me," says this daughter of a poor milkman, who was first introduced to art, music and books at a Brooklyn public school. "I want every child to have the chance I had."



Ruth Bader Ginsburg
THE JUSTICE OF EQUALITY
In 1993 Ruth Bader Ginsburg became the second woman on the U.S. Supreme Court, adding her pragmatic, precise style—and history of defending women's rights—to the court's precarious balance. But Ginsburg, 66, was no stranger to her new colleagues. As director for the Women's Rights Project of the American Civil Liberties Union during the seventies, she argued several sex-discrimination cases before the court that helped ensure women equal protection under law. Her advocacy was understandable. Though she graduated at the top of her Columbia Law School class, Ginsburg initially struggled for recognition in the predominantly male profession. Thirteen years later, the Brooklyn-born mother of two returned to Columbia as its first tenured female law professor, then secured an appointment as an appellate-court judge before ascending to our nation's highest court.

Catherine MacKinnon, Ph.D.
FEMINIST THEORIST
Legal scholar and women's rights activist MacKinnon was fresh out of Yale Law School when she wrote Sexual Harassment of Working Women, which forcefully argued that sexual harassment is a form of discrimination and thus a violation of Federal law. Another violation of women's civil rights, she believes, is pornography, which inspires violence toward women. Although MacKinnon, 53, has been criticized for this controversial stance—with some groups accusing her of encouraging censorship—she has been instrumental in getting the public to debate the complex relationship between sex and equality, and has pushed the law "in directions that might be unimaginable without her," according to one legal scholar.

Sandra Day O'Connor
IN THE MIDDLE OF THE COURT
A top graduate of Stanford Law School in 1952, O'Connor applied for jobs at law firms where, because of her gender, she was offered only secretarial positions. But in 1981 she was appointed to the most exclusive all-men's club in the country: the Supreme Court. Since then, O'Connor, 69, has frequently been the court's "swing voter" on issues such as abortion and affirmative action and has often served as the bridge between conservatives and liberals. She helped make abortions harder to get—but kept Roe v. Wade from being overturned. In her majority opinion in a sexual harassment case in May, she found that school districts can be held accountable for one student's flagrant harassment of another.

Diane Ravitch, Ph.D
SCHOOLS SCHOLAR
Growing up as one of eight children in Houston, Texas, she was the only member of her family with a bookshelf. Today, Ravitch, 61, a professor at New York University, has written and edited 15 books that explore the successes and failures of the American school system, and her ideas have helped frame the national debate over educational reform. An ardent advocate of academic standards and a national curriculum, she warns, "Educators have been too willing to follow any fad."



[illegible], Ph.D
[illegible] LEADER
When she was inaugurated as president of her alma mater, the University of Pennsylvania, in 1994, Rodin became the first woman to head an Ivy League institution. A psychologist highly regarded for her research into obesity and eating disorders, Rodin, 55, has explored the relationship between weight and self-image; she even wrote a popular self-help book about anorexia called Body Traps.

Nadine Strossen
HEAD HONCHO AT LIBERTY'S LAW FIRM
In junior high school, a teacher once clucked, "Nadine, you're always defending the underdog." Strossen, now 49, still does so as the first woman president of the American Civil Liberties Union, the country's largest and most active litigant and campaigner for civil liberties. The ACLU often takes controversial stands, defending the sale of pornographic literature and the Ku Klux Klan's right to demonstrate. But Strossen makes it clear that her mandate is to uphold the Bill of Rights even when it conflicts with the views of the majority.

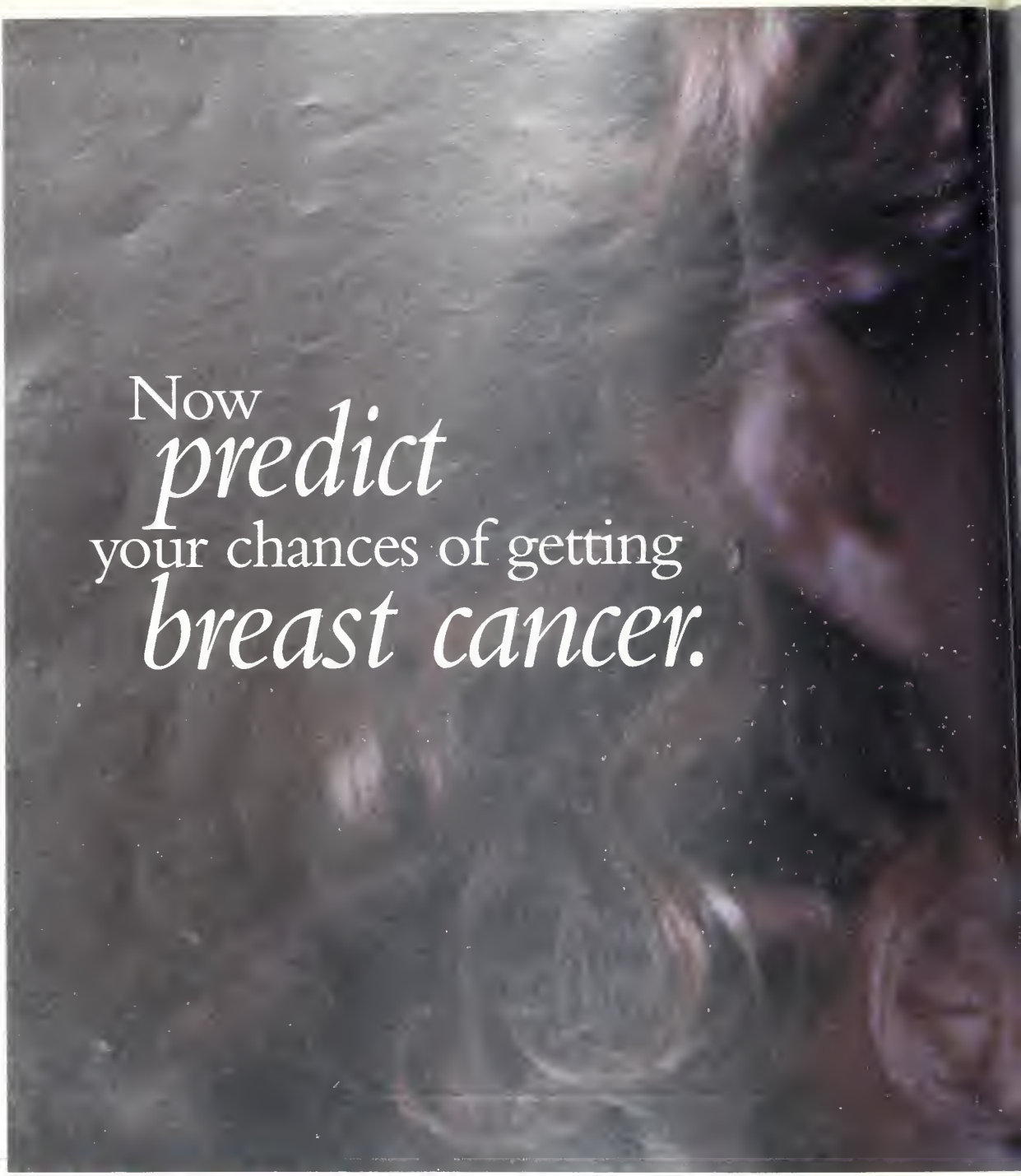


Kathleen M. Sullivan
LEGAL EAGLE
Her first appearance before the Supreme Court was so impressive that The American Lawyer commented that Sullivan "appears to be on a fast track to forensic stardom." Their prediction was right. Earlier this year, Sullivan, 44, was appointed dean of Stanford University Law School—the first female dean in the university's 108-year history and one of only thirteen female law school deans in the country. A dedicated teacher and scholar, she was drawn to law after watching the Watergate hearings. "Law seemed to be a place where you could devote moral energy," said Sullivan, who has been mentioned as a potential Supreme Court nominee.

We took the fun part of fruit and put it in a bag



ducing Fruitlings.™ They're fun, tasty little tidbits of real loaded with jumbo fruit flavor. At home, at work or on the o the gym, this delicious, energy packed snack is perfect straight the bag, tossed into your cereal, sprinkled on a salad or mixed into favorite recipe... there's no end to the possibilities. Seven new table flavors from Apricot to Tropical Mix. Of course, if you can't up your mind, don't worry. There's also a handy variety Snack Pack. ab a bag from the produce section today and put the fun back in fruit.



Take the Risk Assessment Test. It's 6 simple questions.

For years, women have had tools like mammograms and breast self-exams that are critical to *finding* breast cancer early. *But they did not predict our chances of getting it.* Today, there's actually a way to figure out your risk of getting breast cancer.

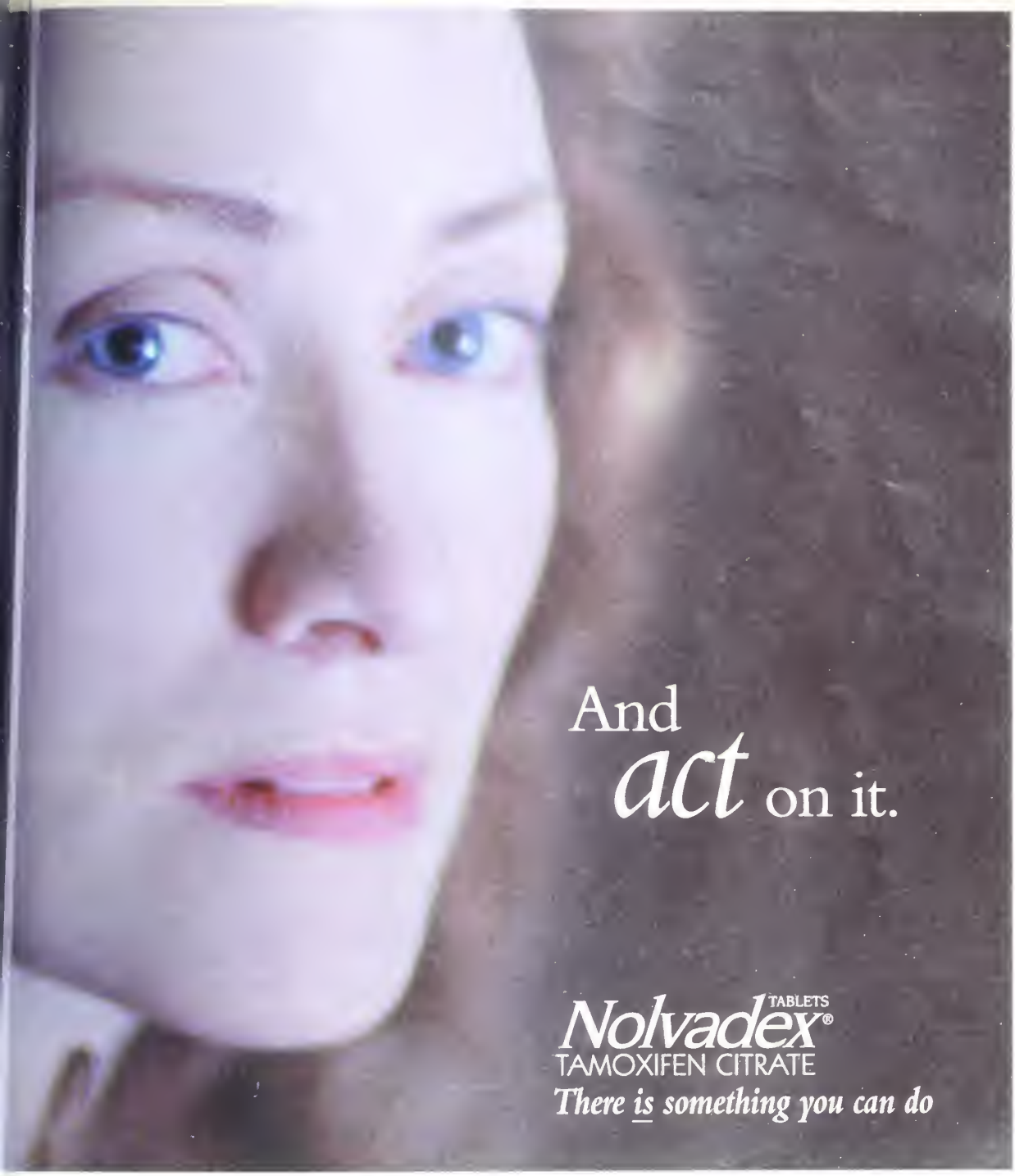
That's why every woman should go to her doctor and take the new risk assessment test as part of her complete breast health. Six simple questions are asked regarding:

- your race
- your age
- when you got your first period
- if and when you had a first child
- family history of breast cancer
- whether you've had a breast biopsy

Answers to these questions allow your doctor to evaluate your risk. Basically, you're given a number that estimates your chances of getting breast cancer over the next five years. If you're 35 or older and your number is 1.7 or higher, you are considered at high risk for breast cancer. Please remember that *this does not mean* you will get breast cancer, only that your risk is higher than average. Most women will get scores of less than 1.7.

Why would I want to know if I'm at high risk?

It's natural to wonder if you would even *want* to know if you're at high risk or not. But today there *is* something you can do.



Talk to your doctor about Nolvadex.

For the first time, there is a *clinically proven* way for many women at high risk of developing breast cancer to significantly reduce that risk: Nolvadex Tablets.

The proof? In a landmark study of women 35 and older at high risk for breast cancer, women who took Nolvadex had 44% fewer breast cancers than women taking sugar pills. Nolvadex decreases but doesn't eliminate the risk of breast cancer and didn't show an increase in survival.

Nolvadex isn't for every woman at high risk. In the study, women taking Nolvadex were 2 to 3 times more likely to develop uterine cancer or blood clots in the lung and legs, although each of these occurred in less than 1% of women. Women with a history of blood clots should not take Nolvadex. Stroke, cataracts, and cataract surgery were more common with Nolvadex. Most women experience some level of hot flashes and vaginal discharge. **Pregnant women or women planning on becoming pregnant soon should not take Nolvadex.** You and your doctor must carefully discuss whether the potential benefit of Nolvadex outweighs these potential side effects.

Call 1 800 898.2762 for a free video about Nolvadex and to learn more about the risk assessment test for your complete breast health.

www.nolvadex.com

Please see important information on adjacent page

Patient Information about
NOLVAOEX (tamoxifen citrate) Tablets

(Nol va dex)

For Breast Cancer Treatment and Reduction in the Incidence of Breast Cancer

Generic Name: Tamoxifen (ta-MOX-i-fen)

Please read this information carefully before you begin taking NOLVADEX. It is important to read this information each time your prescription is filled or refilled in case new information is available. This summary does not tell you everything about NOLVADEX. Your health care professional is the best source of information about this medicine. You should talk with him or her before you begin taking NOLVADEX and at regular checkups. In addition, the professional package insert contains more detailed information on NOLVADEX.

WHAT ARE THE MOST IMPORTANT THINGS I SHOULD KNOW ABDUT NOLVADEX?

NOLVADEX has been shown to help women with advanced breast cancer and in clinical trials of over 30,000 women with early breast cancer it has been shown to reduce the risk of recurrence. Also in a trial of 13,000 women at high risk of breast cancer, NOLVADEX reduced the risk of developing the disease.

Like all medicines, NOLVADEX has some side effects. Most are mild and relate to its hormonal mode of action. NOLVADEX can increase the risk of some serious and potentially life-threatening conditions, including uterine cancer, blood clots, and stroke. It can also increase the risk of getting cataracts or of needing cataract surgery.

If you experience symptoms of any of these, tell your doctor **immediately** (see "What should I avoid or do while taking NOLVADEX?). You and your doctor must carefully discuss your personal medical conditions, history, and preferences to decide whether the good NOLVADEX may do for you outweighs its potential risks. If you and your doctor decide that NOLVADEX therapy is right for you, you should look for symptoms indicating you might be experiencing one of the known risks with NOLVADEX.

WHAT IS NOLVADEX?

- NOLVADEX is a prescription medicine used to reduce the risk of getting breast cancer in women who have a high risk of getting breast cancer.
- NOLVADEX is used to treat advanced breast cancer in women and men.
- NOLVADEX is used to reduce the recurrence of breast cancer in women who have had surgery and/or radiation therapy to treat early breast cancer. NOLVADEX is also used in women with breast cancer who are at risk of developing a second breast cancer in the opposite breast.

HOW DOES NOLVADEX WORK?

NOLVADEX belongs to a group of medicines called anti-estrogens. Anti-estrogens work by blocking the effects of the hormone estrogen in the body. Estrogen may cause the growth of some types of breast tumors. NOLVADEX may block the growth of tumors that respond to estrogen.

WHO SHOULD NOT TAKE NOLVADEX?

- You should not take NOLVADEX to reduce the risk of getting breast cancer if you have ever had blood clots or if you develop blood clots that require medical treatment. However, if you are taking NOLVADEX for treatment of early or advanced breast cancer, the benefits of NOLVADEX may outweigh the risks associated with developing new blood clots. Your health care professional can assist you in deciding whether NOLVADEX is right for you.
- You should not take NOLVADEX if you are taking medicines to thin your blood (anticoagulants) like warfarin (Coumadin®*).
- You should not take NOLVADEX if you plan to become pregnant while taking NOLVADEX or during the two months after you stop taking it because NOLVADEX may harm your unborn child. You should stop taking NOLVADEX if you become pregnant while taking the drug. Please talk with your doctor about birth control recommendations. If you are capable of becoming pregnant, you should start NOLVADEX during a menstrual period or if you have irregular periods you should have a negative pregnancy test before beginning to take NOLVADEX.
- You should not take NOLVADEX if you are breast feeding.
- You should not take NOLVADEX if you have ever had an allergic reaction to NOLVADEX or tamoxifen citrate (the chemical name).

- NOLVADEX is not known to reduce the risk of breast cancer in women with changes in certain genes (BRCA1 or BRCA2).
- You should not take NOLVADEX to decrease the chance of getting breast cancer if you are less than age 35 because NOLVADEX has not been tested in younger women.
- You should not take NOLVADEX to reduce the risk of breast cancer unless you are at high risk of getting breast cancer. Certain conditions put women at high risk and it is possible to calculate this risk for any woman. Breast cancer risk assessment tools to help calculate your risk of breast cancer have been developed and are available to your health care professional. You should discuss your risks with your health care professional.
- Children should not take NOLVADEX because treatment for them has not been sufficiently studied.

HOW SHOULD I TAKE NOLVADEX?

- You will take NOLVADEX differently depending on your diagnosis.

For treatment of breast cancer in adult women and men, the usual dose is 20-40 mg a day. Take the tablets once or twice a day depending on the tablet strength prescribed. If your doctor has prescribed a different dose, do not change it unless he or she tells you to do so. For women with early breast cancer, NOLVADEX should be taken for 5 years. For women with advanced cancer, NOLVADEX should be taken until your doctor feels it is no longer indicated.

For reduction of the risk of breast cancer, the usual dose is 20 mg a day, for five years.

- Do not stop taking your tablets unless your doctor tells you to do so.

ARE THERE OTHER IMPORTANT FACTORS TO CONSIDER BEFORE TAKING NOLVAOEX?

- Tell your doctor if you have ever had blood clots that required medical treatment.
- Because NOLVADEX may affect how other medicines work, always tell your doctor if you are taking any other prescription or non-prescription (over-the-counter) medications, particularly if you are taking warfarin to thin your blood.

WHAT SHOULD I DO WHILE TAKING NOLVADEX?

- If you see a health care professional who is new to you (an emergency room doctor, another doctor in the practice) tell him or her that you take NOLVADEX.
- If you are taking NOLVADEX to reduce your risk of getting breast cancer, you should know that NOLVADEX does not prevent all breast cancers. While you are taking NOLVADEX and in keeping with your doctor's recommendation, you should have annual gynecological checkups which should include breast exams and mammograms. If breast cancer occurs, there is no guarantee that it will be detected at an early stage. This is why it is important to continue with regular checkups.

WHAT ARE THE POSSIBLE SIDE EFFECTS DF NOLVADEX?

The most common side effects reported with NOLVADEX are hot flashes, vaginal discharge or bleeding, and menstrual irregularities (these side effects may be mild or may be a sign of a more serious side effect). Women may experience hair loss or skin rashes, however hair loss is uncommon and is usually mild.

A rare but serious side effect of NOLVADEX is a blood clot in the veins. Blood clots stop the flow of blood and can cause serious medical problems, disability, or death. Women who take NOLVADEX are at increased risk for developing blood clots in the lungs and legs. Some women may develop more than one blood clot even if NOLVADEX is stopped. Women may also have complications from treating the blood clots, bleeding from thinning the blood too much. Symptoms of a blood clot in the lungs may include sudden chest pain, shortness of breath or coughing up blood. Symptoms of a blood clot in the legs are pain or swelling in the calves. A blood clot in the eyes may move to the lungs. If you experience any of these symptoms of a blood clot, contact your doctor immediately.

NOLVADEX increases the chance of having a stroke, which can cause serious medical problems, disability, or death. If you experience any symptoms of stroke, such as [illegible] difficulty walking or talking, or numbness, contact your doctor immediately.

NOLVADEX increases the chance of changes in the lining of your uterus (endometrium), including cancer, and could include cancer of the uterus. If you have had a hysterectomy (removal of the uterus), it is not necessary to contact your doctor immediately. If you experience [illegible] unusual vaginal discharge, vaginal bleeding, or other irregularities; or pain or pressure in the pelvis (lower abdomen). These may be caused by changes to the lining of the uterus (endometrium). It is important to bring these to your doctor's attention without delay as they can occasionally indicate the start of something more serious, although they can include cancer of the uterus or other changes to the uterus.

NOLVADEX may cause cataracts or changes to part of the eye known as the cornea or retina. NOLVADEX can increase the chance of needing cataract surgery, and can cause blood clots in the veins of the eye. NOLVADEX can result in problems in distinguishing different colors. If you experience any changes in your vision, tell your doctor immediately.

Rare side effects, which may be serious, include certain liver problems such as jaundice (which may be seen as yellowing of the whites of the eyes).

If you are a woman receiving NOLVADEX for treatment of advanced breast cancer, and you experience excessive thirst, vomiting or thirst, tell your doctor immediately. These may mean that there are changes in the amount of calcium in the blood (hypercalcemia). Your doctor will evaluate this.

In patients with breast cancer, a temporary increase in the size of the tumor may occur and sometimes results in pain, aches/bone pain and skin redness. This condition may occur shortly after starting NOLVADEX and may be associated with a good response to treatment.

Many of these side effects happen only rarely. However, you should contact your doctor if you think you have any side effects or any other problems with your NOLVADEX. Some side effects of NOLVADEX may become apparent soon after starting the drug, but others may first appear at any time during therapy.

This summary does not include all possible side effects of NOLVADEX. It is important to talk to your health care professional about possible side effects. If you want to read more, ask your doctor or pharmacist to give you the professional labeling.

Keep NOLVADEX in its original prescription container and out of the reach of children.

Do not take your tablets after the expiration date on the container. Be sure that any discarded tablets are out of the reach of children.

This leaflet provides you with a summary of information about NOLVADEX. Medicines are sometimes prescribed for purposes other than those listed. NOLVADEX has been prescribed specifically for you by your doctor. Do not give your medicine to anyone else, even if they have a similar condition, because it may harm them.

If you have any questions or concerns, contact your doctor or pharmacist. Your pharmacist also has a longer leaflet about NOLVADEX written for health care professionals that you may ask to read. For more information about NOLVADEX or breast cancer, call 1-800-34 LIFE 4.

Rev T 0

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Sweeps Entry Form

Amazing how fast people eat turkey when dessert is _____ pecan pie. (p. 90)

Betty Crocker ... what a _____ idea. (p. 1)

What will you do on the day you discover _____? (pp. 6-8)

The _____ you show the world is up to you. (p. 1)

We'll always be your _____. (p. 17)

Designs that _____ for you. (p. 33)

_____ is perfect for fall gatherings. (p. 91)

Discover a world of _____. At your fingertips. (p. 87)

Helping you define _____ control. (pp. 113-114)

Fill up and you're _____ to go. (p. 117)

Looks _____ ... because it is. (p. 131)

Mohawk makes the _____. (p. 179)

Great _____ for generations (p. 17)

You know it's _____. (pp. 142-143)

If it's elegant with apples, it's elegant with _____. (p. 225)

Inspired by _____. Created by science. (p. 144)

Use the natural_____in you. (pp. 148-153)

Sunsweet Fruitlings. Itty bitty tasty tidbits of _____. (p. 173)

The right _____ without the worry. (p. 141)

It's your _____. Be there. (pp. 134-136)

What airline offers the most nonstops to Puerto Rico? _____ (p. 177)

SCIENCE/TECHNOLOGY/MEDICINE

Marcia Angell, M.D.
PROVOCATIVE DOCTOR
In 1979, this pathologist took a part-time editing job at one of the world's most powerful medical journals, The New England Journal of Medicine. Within a decade she became executive editor. On the Journal's commentary pages, she has spoken out fearlessly on topics ranging from alternative medicine (she's skeptical) to physician-assisted suicide (she's in favor). But perhaps her most controversial commentary has been regarding her doubts about the alleged hazards of silicone breast implants. Currently serving as interim editor-in-chief of The New England Journal of Medicine, Angell, 60, has said she now plans to teach and write, taking her influence in yet another direction.



Anita Borg, Ph.D.
CONNECTING WOMEN IN TECHNOLOGY
Fewer women than men pursue careers in computer technology, a fact 50-year-old Anita Borg, a Xerox computer scientist, is determined to change. She has spent her career creating computer operating systems and communications tools, but was always troubled by the gender imbalance and what she calls the "invisible woman syndrome," a subtle form of discrimination whereby women's ideas are discounted or ignored. In 1987, she formed Systers, an Internet forum for women in the computing field. Borg's latest effort is the Institute for Women and Technology, a nonprofit organization created in 1997 to increase the impact of women on technology—and vice versa.

Rita Colwell, Ph.D.
FIRST LADY OF SCIENCE
Rita Colwell's career is a history of firsts. She was the first woman elected to the Cosmos Club, a formerly all-male society in Washington, D.C. A biologist, she was the first person with a background in the life sciences to serve as president of the American Association for the Advancement of Science. And in 1998, Colwell, 64, became the first woman to head the National Science Foundation, the U.S. government agency that uses its $3.5 billion annual budget to support scientific and engineering research through grants and contracts.

Nancy W. Dickey, M.D.
DOCTOR ON THE LINE
The first woman to head the American Medical Association, Dickey took office when the 290,000-member organization was being mauled by managed care. In a groundbreaking move, the patrician AMA voted to form a "national negotiating organization"—read union—to give doctors more clout with HMOs. Dickey, 49, also advocates for such controversial issues as the Patient Bill of Rights and health care for the uninsured.



Mildred S. Dresselhaus, Ph.D.
THAT'S NO SOCCER BALL—THAT'S A FULLERENE!
Why would the former president of the American Association for the Advancement of Science eagerly accept an invitation to talk to her granddaughter's third-grade class? "If children don't get exposed to science, they will miss out on something that is so useful for living and for thinking about how things work," says Dresselhaus, 68, who mesmerized the eight-year-olds by showing how a soccer ball is a real-life model of a carbon structure called a fullerene. When not trying to promote scientific literacy, the winner of the National Medal of Science is a professor of electrical engineering and physics at Massachusetts Inst tute of Technology.



Esther Dyson
HIGH-TECH'S TOP TREND-SPOTTER
Her father, noted astrophysicist Freeman Dyson, says, "I rely on Esther to tell me what's real and what's hype." So do top government and industry officials. Dyson, 48, is simply the most powerful, thoughtful and influential woman in the information-technology industry. Her clout comes from her connections among the cyber-elite, who vie for a place at her annual PC Forum and snap up copies of Release 1.0, the thinking geek's newsletter that Dyson contributes to and edits.

Vivian Pinn, M.D
EQUAL OPPORTUNITY HEALER
In 1967, Pinn graduated from the University of Virginia Medical School as the only woman and African-American in her class. After spending 30 years teaching at Harvard, Tufts and Howard universities, in 1991 Pinn, now 58, was appointed director of the Office of Research on Women's Health, a department of the National Institutes of Health, and in 1994 was also named Associate Director for Research on Women's Health. Her job: to set the agenda for women's health research for the twenty-first century and to encourage the NIH's thirteen other disease-oriented institutes to undertake more research projects of specific interest to women.

Jill Tarter, Ph.D
SURFING SPACE
As a principal investigator at the Search for Extraterrestrial Intelligence Institute (SETI), many believe Jill Tarter, 55, was the inspiration for Jodie Foster's character in the movie Contact. She currently heads up SETI's Project Phoenix, an ambitious experiment that scans radio waves from space for signs of other civilizations. "I really do have the best job in the world," Tarter says. "Each day I learn something new, often from the diverse disciplines engaged by this question: Are we alone in the cosmos?"

Nancy Wexler, Ph.D.
UNRAVELING HUNTINGTON'S DISEASE
When her mother was diagnosed with Huntington's disease in 1968, Nancy Wexler knew there was a fifty-fifty chance that she'd develop the deadly disorder. So, after earning her Ph.D. in clinical psychology, Wexler, now 54, dedicated her life to finding a cure. She organized an international research effort that led to the discovery of the gene that causes the disease in 1993, and Wexler was awarded the Albert Lasker Public Service Award—American medicine's highest honor—for her contributions.



Sheila E. Widnall
TOP-FLIGHT SCHOLAR
An astronautical and aeronautical engineer internationally recognized for her work in the field of fluid mechanics, Widnall was one of the few female full professors at the Massachusetts Institute of Technology when she landed on the nation's radar screen. In 1993, President Clinton appointed her to be Secretary of the Air Force, the first woman ever to hold the job. Widnall, 61, who's been known to cut her hair with her desk scissors, served in that role until 1997. Widnall's current mission: serving as a role model for women, something she continues to do now that she's back at MIT as an Institute Professor—the highest honor awarded by the faculty and administration.



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GOVERNMENT/POLITICS



Madeleine Albright
WORLD DIPLOMAT

Madeleine Albright has held the following jobs: mother and wife, university professor, ambassador to the United Nations, and Secretary of State. This last places Albright, 62, at the head of the President's cabinet and makes her the highest-ranking woman in the United States government. The tough-talking pragmatist doesn't hesitate to lay down ultimatums in her dealings with world leaders, but she's also admired for her charm and wit. This year, her resolve was tested in Kosovo, but she successfully kept NATO unified during the conflict.

Elizabeth Dole
THE WOMAN WHO WOULD BE PRESIDENT

She's the only woman in a field that currently includes eight Republican men. Along with her record of achievement (president of the American Red Cross, Secretary of Labor, Secretary of Transportation), that asset alone is getting her some serious attention. In fact, Elizabeth Dole, 63, is considered to be the first viable female presidential candidate. Though early stats put her behind front-runner George W. Bush, Dole's popular positions on issues such as gun control and public-school reform—not to mention her high name recognition and reputation as one of the nation's most admired women—are bound to make her a serious contender as Election 2000 draws nearer.

Jennifer Dunn
LADY OF THE HOUSE

She's been described as "Margaret Thatcher without the accent and a better wardrobe." But Congresswoman Jennifer Dunn (R-Washington) is more famous for her history-making 1998 run for House Majority Leader—she was the first woman of either party to attempt the top leadership post. Before that, she served as the highest-ranking woman in the U.S. Congress as the vice chair of the House Republican Conference. Known more for behind-the-scenes maneuvering than for loud House-floor displays, Dunn, 58, has emerged as an expert on welfare reform and middle-class tax relief.



Dianne Feinstein
PUTTING SAFETY FIRST

In 1992, Dianne Feinstein became the first female United States Senator from her state. Since then, the California Democrat has won some tough battles, including a ban on semiautomatic, combat-style weapons. Her passion for public safety and continuing opposition to the gun lobby is no surprise. As the first female mayor of San Francisco, an office she held for nine years, Feinstein, now 66, helped clip the city's crime rate by 27 percent. Speculation has always swirled, beginning with Walter Mondale's 1984 presidential bid, about her potential as a vice presidential nominee.

Kay Bailey Hutchison
A STAR FROM THE LONE STAR STATE

When Republican Kay Bailey Hutchison, 56, won election to the United States Senate in 1993, she snatched a seat that had been monopolized by Democrats since 1875. In the process she also became the first female senator from her native Texas. This former TV reporter and owner of a candy-making company has advocated more-equitable IRAs for homemakers, sponsored federal anti-stalking legislation and proven that she can set aside partisan differences to work with Democrats.



Lt. Gen. Claudia Kennedy
BREAKING THE BRASS CEILING

When then-20-year-old Kennedy began her military career in 1969, women were not allowed to command men or advance beyond the rank of colonel. Now, as a three-star general and the deputy chief of staff for intelligence, she is the Army's highest-ranking female and its senior intelligence official. Kennedy's future looks just as promising: She is viewed as a possible future member of the Joint Chiefs of Staff.

Ellen Malcolm
POLITICAL QUEENMAKER

The idea came to her over breakfast with friends in 1985. Why not stop complaining about male politicians who ignore women's concerns, and do something about it? The plan was to break down the barriers, largely financial, that keep women from seeking elected office; and the means became EMILY's List, a political action committee that supports pro-choice women running for key federal or statewide offices, with Malcolm as president. An acronym for Early Money Is Like Yeast (because it makes the dough rise), EMILY's List has grown to be one of the nation's most powerful PACs—it now gives away more money than the National Rifle Association.

Donna Shalala
LOOKING AFTER AMERICA'S HEALTH AND WELL BEING

For the last six years, Secretary of Health and Human Services Donna Shalala has confidently led a mammoth department that encompasses more than two hundred programs and agencies, including the Food and Drug Administration and the National Institutes of Health. The 58-year-old once called her job "an opportunity of a lifetime, the chance to help improve people's lives." And that she has. Shalala shoulders some of our most pressing concerns: Social Security, Medicare and welfare reform. Under her command, the agency has raised child-immunization rates, crusaded against under-age smoking, improved breast cancer and AIDS treatment, and brought health insurance to 2.5 million children.



Maxine Waters
OUTSPOKEN ADVOCATE

After urging America to focus attention on its inner cities following the 1992 civil unrest in Los Angeles, Congresswoman Waters (D-California) became known for being what Peter Jennings called "a woman who simply will not go unheard." No shrinking violet indeed—during her five terms in the House, Waters, 61, has been a tough and tireless advocate for women, children, minorities and the poor. Waters simply says, "I just want to make life better for some people."

Christine Todd Whitman
A STATE GOVERNOR ON THE NATIONAL STAGE

New Jersey may be a small state, but its first female governor is a national star, revered by the G.O.P. for her socially moderate, tax-cutting agenda. During her two terms, Whitman, 53, has enacted seventeen tax cuts, including a 30 percent personal income tax reduction. She slashed the state's crime rate to its lowest in twenty-five years and helped pass Megan's Law, which protects children from sexual offenders, and became a model for similar initiatives around the country.

Contributing writers: Alison Colabio, Corinne Domingo, Jocqueline Fishermon, Erin Flaherty, Catherine Fredman, Morgot Gilmon, Corin Gorrell, Jennifer Hoche, Lynn Longwoy, Christine Mony, Mory Mertz, Soroh Smith



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IN SICKNESS

DANA REEVE SHARES THE INTIMATE DETAILS OF HER LIFE TODAY WITH CHRISTOPHER—FROM BRINGING UP THEIR YOUNG SON TO MAKING LOVE

BY MELINA GEROSA



There have been a couple of issues that have caused knock-down-drag-out arguments between Chris and Dana Reeve. One of them arose three years ago when the couple was renovating their Bedford, New York home to accommodate Chris's wheelchair. Dana wanted to install a ramp up to the front door, and her husband refused. "He said, 'I don't want it to look like a disabled person lives here,' and I was like, Hello? A disabled person *does* live here!" says Dana. "I wouldn't back down on that one, and he was just as stubborn. I think it was the final thing of Chris admitting that he was disabled."

Gamely, Dana got Chris to agree to a building plan if it would improve, and not detract from, the look of their ranch-style home. "And now our front entrance is so much nicer than it *ever* was. We created the ramp out of slate and we have flower boxes," says Dana, thirty-six, digging into a chicken salad at a restaurant near their home outside New York City. "When Chris saw it, he was like, 'Oh, it's gorgeous!' "

Leave it to Dana—who salvaged her husband's will to live by uttering the words "You're still you," when he was considering being taken off life support—to transform a devastating situation *(continued on page 238)*


& IN HEALTH

MESSAGES OF **LOVE**

On May 27, 1995, our life, in an instant, changed. We, as a family, left an able-bodied existence full of privilege and ease and entered into a life of disability. We went from the haves to the have-nots. Or so we thought.

But something miraculous and wonderful happened amidst terrible tragedy. All over the country, people began to respond to Chris's injury. Thousands of letters a week started pouring in. They offered us comfort, humor, perspective and advice.

The letters became a source of strength for me. Each one is a precious gift—a care package sent with love and received with gratitude. By Dana Reeve

Dear Christopher Reeve:
You will get tired of people telling you how they know someone who broke his neck and is now normal. I won't do that. I will tell you some pearls of wisdom I have learned in the last eighteen months as a quad:

1) Pick someone to tell how scared you are. Choose a person who will listen without reassuring you or saying, "Everything will be okay." You don't need reassurance, but you must talk.

2) This is the one time in your life when you must be selfish. Your other life is gone for now—let the people who love you take care of it.

3) Doctors will tell you what's *not* possible. Ask the physical therapists. They don't know for sure, but we can't help asking.

4) Find the best therapy center you can. I live in New Orleans but went to St. Joseph's in Phoenix. My five-month-old son stayed with my sister and my husband flew in every weekend.

5) When you get depressed and suicide enters your mind, it means your body is working on getting better. Every time after feeling this type of despair, I have discovered that something new has begun to work. So go for it! Cry. Scream. It will be better soon.

The test is not the accident, but how you deal with it.

Anne Chase
New Orleans, Louisiana

Dear Dana & Chris—
The [Barbara Walters] interview was extraordinary. All through it I kept saying to myself—what a comfort and inspiration you are and will continue to be for our poor fractured country. You spoke directly to everyone's heart and soul. You were radiant and articulate and deeply, deeply moving. You are constantly in my thoughts and prayers.

Love, Glennie
[Glenn Close, actor]

Dear Mr. Reeve,
I was told that my book *When Bad Things Happen to Good People* was helpful to you and your wife in coming to terms with your injury and your bafflement as to why a good God would let this happen to you. I was deeply moved, as I have been moved by the example you have set in coping with this monstrous misfortune. There are few feelings more sustaining than when someone tells you that your book changed his life. I believe we are here on earth to change people's lives for the better, to give hope to the despairing and courage to the faltering. I believe that God, who did not cause my son's fatal illness, showed me how to turn that illness into an instrument of redemption, and that God, who did not will or cause your accident, is doing something similar for you. I hope you are finding out how much help your life can be to others. Please know that you are in my prayers.
Sincerely,
Rabbi Harold S. Kushner
Natick, Massachusetts

Dear Mr. Reeve,
I heard about your accident. I am so sorry. You don't really know me, but I know a lot about you. I've seen all four of your [Superman] movies. I was wondering if we could be pen pals.
Sincerely,
Janet L. Jackson
Lynchburg, Virginia
P.S.: I am not the real Janet Jackson.
P.P.S.: Get well soon.

FROM THE FORTHCOMING BOOK "CARE PACKAGES" BY DANA REEVE. COPYRIGHT © 1999 BY CAMBRIA



"The letters touched us deeply," says Dana. "They reminded us that we weren't alone"

My darling Christopher,
I do not know when this may reach you but I must write to you—I am near the places we were when filming Remains of the Day—in the west country—and heard of your accident through the press. I hoped against hope that the reports were sensationalized but it seems certain now that you are gravely injured. I cannot help but cry as I write this, which is hopeless and useless of me.

You cannot imagine with what love and hope I think of you and Dana and the children. I hold you constantly in my heart, my thoughts and in my strange secular prayers.

I do not know what you must be feeling or thinking—all I am certain of is that it is the best of men, the most loving and generous and kind, whom life has changed in this way. Whatever you do, or think, or feel, comes from such a very noble spirit that will touch everyone around it. Of this I am certain.

Not everything is expressible in words. I think you know the feelings that come with this.

All my love, dearest,
Emma [Emma Thompson, actor and screenwriter]

19th October, 1995

Katharine Houghton Hepburn

Mr. Reeve,
This note of thanks is many years overdue. I only wish I could return the comfort and compassion you showed me.

It was about ten years ago, in Martha's Vineyard. I was traveling alone and was involved in a moped accident. I remember a hand on my shoulder as I attempted to stand up, your hand, trying to guide me back down. I hadn't seen your face, only heard your voice, "Sit, you don't know how hurt you might be." I started shaking and turned to face you. It was almost comical. I wondered if maybe I had died—that maybe there was no God—that maybe instead of St. Peter—Superman really did exist.

It is easy to recall the concern in your eyes, your voice yelling for someone to call an ambulance—and telling me to put my head down. You stayed with me till the police came, and offered to go with me to the hospital. The gratitude I felt then was immeasurable—today it is never-ending.

Know that there is a stranger in this world who saw in your eyes a safe place. I wish for you that same vision.

Thank you for giving of yourself,
V.

IX - 21 - 1995

Dear Christopher -

- Let me know if I can do anything - My golly what a mess -

Dear Christopher,

I am so glad to hear news of your continued recovery because you have always been someone rather special in our household. I refer particularly to the time when my son was quite young and we met you on a flight from London to America. When I told you he was a huge "Superman" fan, you were kind enough to give him a big wave when he turned around to look at you. That's the kind of thing that means a lot to soppy old parents like us, and something we won't forget in a hurry.

On behalf of the whole family I send our very best wishes to you and your family, and hope that with the help of a laugh or two from Robin Williams your recovery will be a speedy one.

Best of luck in the future and, once again, thanks for that simple gesture which meant so much.

Love,

Paul McCartney



WOMEN OF STYLE

bobbi brown

Spawned the "look natural" trend in makeup, using it to enhance features, not to try to hide flaws.

Beautiful Beginnings: Created her own major—theatrical makeup design—at Emerson College, in Boston. Worked as a makeup artist for national fashion magazines. Married lawyer Steven Plofker; sons Dylan, Dakota, Duke.

Business Empire: Launched Bobbi Brown Essentials in 1991 with $10,000 and just ten neutral-toned lipsticks. Sold namesake line to Estée Lauder in 1995—but retained creative control.

She Says: "The only way makeup looks natural is to go with what you have. I was always searching for a way to do my own makeup and make it look like I wasn't wearing any."



jeanne jackson

See the outfit at right? Given the track record of Banana Republic CEO Jeanne Jackson, you'll be seeing a lot more of it in real life. Each season, Jackson's 300 Banana Republic stores have become the source for transforming far-out runway trends into wearable clothes for less-adventurous style-seekers across mainstream America.

Taking Care of Business: According to published reports, Banana Republic's sales exceed $800 million.

Clothes Encounters: Jackson was executive vice president of Victoria's Secret, becoming president of Banana Republic in 1995 and CEO in 1997. One year later, she also assumed responsibility for Gap, Inc. Direct and the Banana Republic catalog.

What's Hot Right Now: Banana's fall/winter line—cashmere sweaters and scarves, body-hugging messenger-style bags.



THESE SIX MOVERS AND SHAKERS IN THE BUSINESS OF BEAUTY AND FASHION SET THE TRENDS THAT AFFECT NOT ONLY THE WAY WE LOOK AND DRESS, BUT ALSO HOW WE FEEL ABOUT HOW WE LOOK



Vera Wang

With her impeccably cut silhouettes, Vera Wang single-handedly transformed the way women want to look on the happiest day of their lives.

Personal Profile: Wang has a liberal-arts degree from Sarah Lawrence College, in Bronxville, New York, but no formal design training. Worked as a fashion editor at Vogue for seventeen years, then as a design director at Ralph Lauren. Married businessman Arthur Becker; daughters Cecilia and Josephine.

Birth of a Business: When shopping for her own bridal gown in 1989, Wang thought the styles were so ornate that they looked more like wedding cakes than dresses. "I wanted something more elegant and subdued, but there wasn't anything. I realized the desire to fill that niche."

Biggest Breakthrough: A former almost-Olympic figure skater herself, Wang became a household name when she outfitted silver-medalist skater Nancy Kerrigan at the 1994 Games.

Here Comes the Price: $2,000 to $12,000 off the rack; $20,000 and up for made to order.

Which All Adds Up To: Reported annual sales of $20 million.

sally hershberger

She's the stylist to the stars, creating the mane attractions for Meg Ryan, Julia Roberts and Natasha Richardson. What she does to their hair has women across the country clamoring for a copycut from their own stylists.

Big Breakthrough: Working part-time in a Los Angeles salon, nineteen-year-old Hershberger was hired by Olivia Newton-John to maintain her short spiky cut during her "Let's Get Physical" concert tour in the early eighties.

Cutting Edge: Steers clients away from the big-hair look, creating unfussy, undone short crops. "I love the moment when they go, 'Wait! Wait!' and I go, 'Boom!' and just cut it."





andrea jung

Jung gave a complete makeover to the company with one of the best-known icons around, that venerable door-to-door sales representative, the Avon Lady—all 2.8 million of them. She has updated and streamlined Avon's line to include cosmetics and skin-care products made with innovative ingredients, as well as opened retail outlets and Avon's year-old full-service spa on Manhattan's posh Fifth Avenue. In the last six years, Avon's annual revenues rose from $3.8 billion to $5.2 billion.

Bio Brief: Graduated magna cum laude with a B.A. in English literature from Princeton University, in Princeton, New Jersey, in 1979. Married Bloomingdale's CEO Michael Gould; two children.

Brains for the Beauty Business: Avon came calling in 1994, when Jung was executive vice president at Neiman-Marcus. She signed on to head U.S. marketing; by 1998 she was named president and COO. Now she's poised to become Avon's next CEO; thus far only three women have held that title in a Fortune 500 company.

She Says: "What I fear is being secure that we've done enough. We haven't done enough."

emme

She was the first plus-size model to break the ranks of the supermodels, bringing with her a confident attitude and the message that true beauty "absolutely comes in every size, shape, age and color."

Bio Snippets: She attended Syracuse University, in Syracuse, New York, on a full sports scholarship, and was invited to the U.S. Olympic Team trials for rowing in 1984. Married to her now-manager, Phillip Aronson.

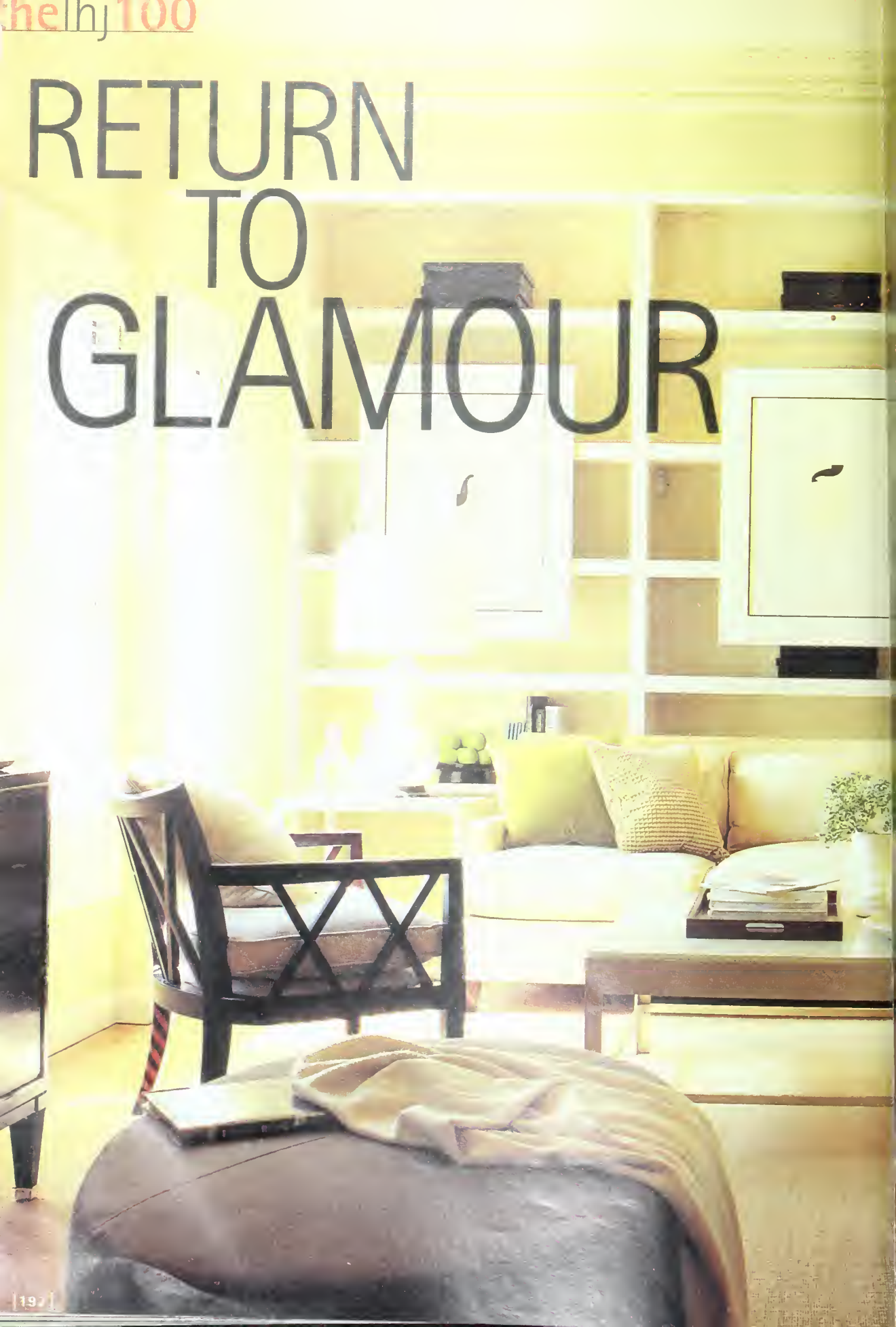
Emme, the Body: At five-eleven and 190 pounds, Emme is a size 14/16. As the most successful plus-size model, Emme reflects the body type of nearly half of American women.

Emme, the Industry: She is the host of E! Entertainment Television's popular Fashion Emergency series, and wrote True Beauty in 1998. She is also a spokesperson and model for Revlon, Elisabeth and Playtex Lingerie.

Feel-Good, Look-Good Philosophy: "We live in a society that is based upon the attainment of unrealistic beauty. I would like women to know their self-esteem is not contingent upon their dress size."



RETURN TO GLAMOUR







barbara barry

"Instead of trying to follow a trend, I follow my own sensibilities," says Barry, seated in a favorite slipper chair she designed

SHE'S THE DESIGNER THE OTHER DESIGNERS ARE WATCHING, AND WITH REASON: HER STYLE, PART RETRO, 100 PERCENT ROMANTIC AND REFINED, IS REALLY A KNOCKOUT

Produced by Kimberlie A. Waugh

It's been only thirteen years since Barbara Barry started her Los Angeles design practice, but we didn't hesitate to include her on our list of the 100 Most Important Women in America. Top celebrities seek out her services. Companies like Baker Furniture and Baccarat Crystal have hired her to create collections. Her work has been featured in numerous design magazines. She's even been compared to Martha Stewart, as much for her entrepreneurial zeal as her extraordinary personal esthetic.

Barry, who is in her mid-forties, studied fine art but has no formal design training. She started to design her own furniture because what was on the market was either traditional or contemporary and "I'm neither of those things completely," she says. Instead, her look is somewhere between—a beautiful fresh take on the familiar. No wonder so many are drawn to it.

"I LOVE THE PROPORTIONS OF CLASSICAL FURNISHINGS," SAYS THE DESIGNER, "BUT I LIKE THEM PARED DOWN AND SIMPLIFIED. MY DESIGNS ARE A LITTLE MORE STREAMLINED AND CLEANED UP, BUT THEY STILL HAVE THE ECHO OF FAMILIARITY"





Barry's former home, showcased here, is a space she uses as a design lab. In the living room (previous pages), bookcases filled only with black lacquer boxes and graphic prints echo the horizontal lines of a low, sleek sofa. Everything is grounded in rich, dark woods and adorned with the subtle sheen of silver or matte-nickel hardware.

In the dining area, right, where French doors open onto a balcony, the X-back and oval chairs Barry designed for Baker are signature classical details. Gathered around the curvaceous pedestal dining table, "the sensual forms are inviting and timeless," she says. The beveled tabletop and polished nickel ring at the pedestal's base are evidence of her attention to detail. The mahogany buffet, left, is "right between modern and traditional," Barry says.



In the bedroom, the spare silhouette of the chenille-covered headboard is juxtaposed with the luxurious swoop of a large cheval mirror and oval ottoman

BARRY'S TEN DESIGN PRINCIPLES

1. Don't want a lot; want better. Quality pays you back.
2. Many simple choices yield an overall tranquil effect.
3. Choose one color and use it to cover the walls, for drapery and for the larger pieces in the room. Introduce patterns in smaller gestures, like pillows or accessories.
4. Add a little bit of "jewelry" in each room, whether it's a silver lamp base or nickel hardware.
5. Create still lifes: Everywhere you turn should be beautiful.
6. Clean off your tabletops. The "presence of absence" feels good.
7. Replace overhead lighting with more flattering lamplight. Choose a lamp with a linen or silk tub lampshade.
8. Don't be afraid to introduce a feminine sensibility, with pieces like a curvaceous dressing table or a full-length mirror.
9. Buy simple white dishes. That way you really see the red of a tomato.
10. Add a beautiful mirror with a gold-leaf frame to a room to reflect light.

Text by Jill Kirchner

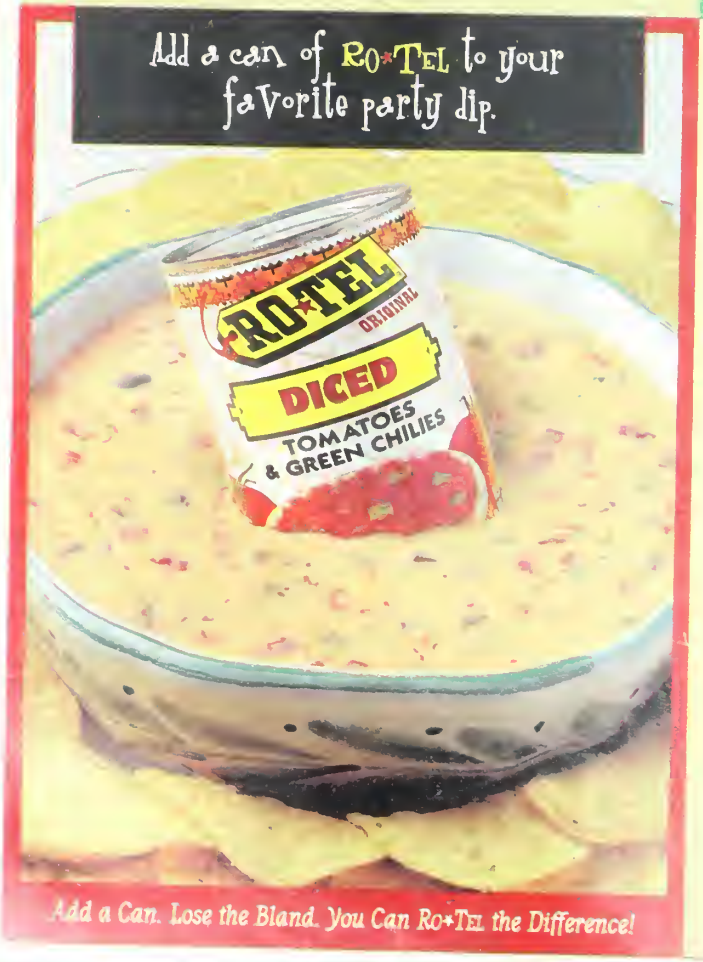

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NEW!
GENERAL FOODS
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Swiss White Chocolate

RO*TEL® FIESTA CHICKEN

1/4 cup all-purpose flour
1/4 teaspoon salt
1/4 teaspoon pepper
6 skinless, boneless chicken breast halves
1 tablespoon vegetable oil
2 cans (10 oz. each) Mexican Festival RO*TEL, undrained
4 green onions, sliced
1 can (2 1/4 oz) sliced ripe olives, drained
sour cream (optional)
shredded cheddar cheese (optional)
cilantro (optional)

Combine first three ingredients; roll chicken in flour mixture. Brown chicken in oil in a large skillet over medium-high heat. Add RO*TEL tomatoes and next two ingredients; heat to boiling. Reduce heat and simmer 20 minutes or until sauce has thickened. Serve chicken mixture over yellow rice and top with sour cream, cheddar cheese, and cilantro, if desired. Makes 6 servings.





RO*TEL® CHEESE DIP

1 can (10 oz) RO*TEL Diced Tomatoes & Green Chilies
1 lb pasteurized process cheese spread, cut into cubes

In saucepan, combine ingredients; stir over low heat until cheese spread is melted. Serve with tortilla chips, crackers or vegetables. Makes about 3 1/2 cups dip

MICROWAVE DIRECTIONS:

Place ingredients in a covered casserole dish. Microwave on high for about 5 minutes or until cheese spread is melted, stirring once.

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food journal



olden Onion and Bacon Tartlets
se prepared phyllo cups



These shrimp with Pepper-Cilantro Dip are so tas
you'll have to remember to save room for the turke



Blue Cheese-Walnut Dip with an abundant
ssortment of fall fruit and toasted French bread

SIMPLE STARTERS

Before it's time for turkey, impress your guests with these **QUICK AND EASY APPETIZERS**. Then enjoy a very special **THANKSGIVING FEAST** from two culinary masters, chef Alice Waters and dessert maven Maida Heatter, as well as renowned chef Julia Child, who shares the secret to her Stove-Top Duck Roast. There are also recipes for a soothing **MUSHROOM SOUP**, a spectacular **NUT STRUDEL**, and of course, the perfect **PUMPKIN PIE**

THANKSGIVING STARTERS

SHRIMP WITH PEPPER-CILANTRO DIP

A cilantro pesto and a bell pepper puree spice up that popular party-starter, shrimp. (Purchased cooked shrimp speeds up the prep time in the kitchen.)

Prep time: 15 minutes **Broiling time:** 8 to 10 minutes
EASY

1 medium plum tomato
3 tablespoons pine nuts (pignola), divided
½ cup prepared roasted red bell peppers
1 tablespoon olive oil
¼ teaspoon salt
¼ teaspoon freshly ground pepper

Cilantro pesto
1 cup fresh cilantro leaves
3 tablespoons olive oil
¼ cup grated Parmesan cheese
1 large clove garlic
¼ teaspoon salt

1 pound cooked, shelled and deveined large shrimp

1. Heat broiler. Line broiler pan with foil. Broil tomato 8 to 10 minutes, until evenly charred.
2. Meanwhile, toast pine nuts in a small skillet over medium heat, stirring, until golden, 5 minutes.
3. Core tomato; puree in food processor with half the nuts, bell peppers, oil, salt and pepper, until smooth. Transfer to serving bowl.
4. *Make cilantro pesto:* Clean processor bowl. Puree all ingredients and remaining pine nuts, scraping down sides of bowl.
5. Spoon dollops of cilantro pesto onto pepper puree and swirl with a knife. Serve with shrimp. Makes 8 servings.

PER 1 SHRIMP WITH 1 TABLESPOON PESTO: 50 calories, 3 g total fat, 5 g saturated fat, 38 mg cholesterol, 134 mg sodium, 1 g carbohydrates, 5 g protein, 23 mg calcium, 0 g fiber

GOLDEN ONION AND BACON TARTLETS

Mini phyllo pastry shells are filled with sweet onion, Gruyère cheese and bacon for a delicious bite-size starter.

Prep time: 20 minutes **Baking time:** 9 to 11 minutes
EASY

1½ tablespoons butter
2 cups thinly sliced sweet onions
¼ teaspoon salt
¼ cup shredded Gruyere or Swiss cheese
¼ cup heavy or whipping cream
½ teaspoon minced fresh rosemary or ¼ teaspoon dried
¼ teaspoon ground pepper
4 slices pancetta (Italian unsmoked bacon) or bacon, finely chopped
24 mini phyllo pastry shells*
Fresh rosemary sprigs, for garnish

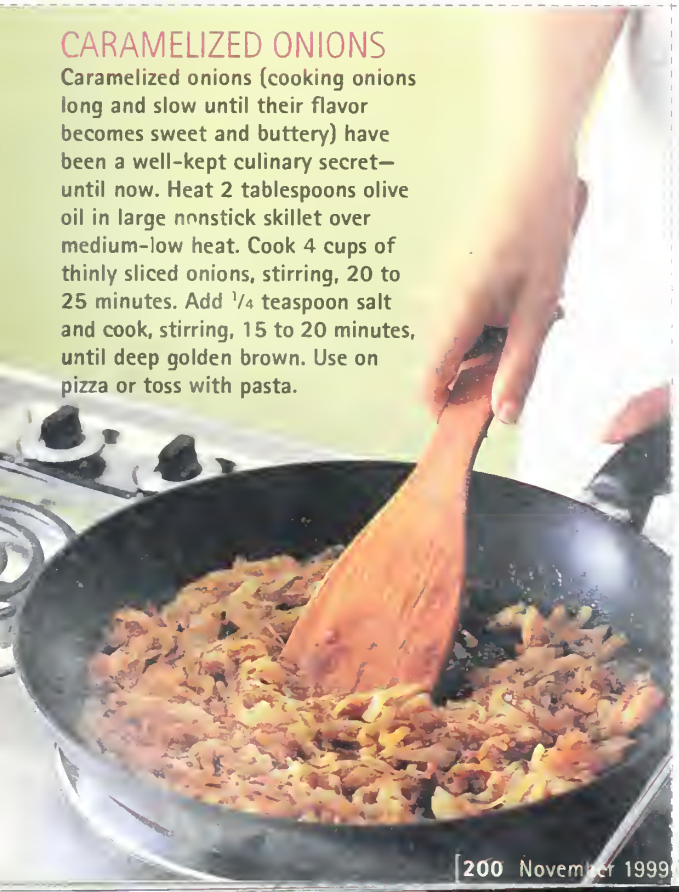
1. Heat oven to 350°F. Melt butter in large nonstick skillet over medium-low heat. Add onions and cook 15 minutes, stirring occasionally, until lightly browned and tender. Sprinkle with salt and cook 3 to 5 minutes more, until very tender and deep golden brown. Remove from heat; stir in Gruyère, cream, rosemary and pepper.
2. Meanwhile, cook pancetta in medium skillet over medium heat, 2 to 3 minutes, until crisp. Drain on paper towels.
3. Arrange phyllo shells on cookie sheet. Divide and spoon onion mixture into shells. Sprinkle tops evenly with pancetta. Bake 9 to 11 minutes, until golden brown. Garnish with rosemary, if desired. Serve immediately. Makes 24 tartlets.

*MINI PHYLLO PASTRY SHELLS ARE AVAILABLE FROM THE FILLO FACTORY, 800-OK-FILLO OR *www.fillofactory.com*.

PER TARTLET: 74 calories, 6 g total fat, 2.5 g saturated fat, 12 mg cholesterol, 75 mg sodium, 4 g carbohydrates, 2 g protein, 42 mg calcium, 0 g fiber

CARAMELIZED ONIONS

Caramelized onions (cooking onions long and slow until their flavor becomes sweet and buttery) have been a well-kept culinary secret—until now. Heat 2 tablespoons olive oil in large nonstick skillet over medium-low heat. Cook 4 cups of thinly sliced onions, stirring, 20 to 25 minutes. Add ¼ teaspoon salt and cook, stirring, 15 to 20 minutes, until deep golden brown. Use on pizza or toss with pasta.



BLUE CHEESE-WALNUT DIP

Fastest Recipe of the Month

Here's a holiday appetizer you'll love to serve for years to come. Tangy blue cheese and chopped walnuts pair perfectly in this creamy dip for fresh fruit and slices of French bread.

Total prep time: 15 minutes
EASY

½ pound Maytag or Danish blue cheese
½ cup unsalted butter (no substitutes), softened
¼ cup plus 2 teaspoons finely chopped toasted walnuts
Assorted sliced fresh fruit (such as pears and apples)
Sliced French bread

1. Combine cheese and butter in food processor. Process mixture, scraping down sides of bowl with a rubber spatula, until smooth. Stir in ¼ cup walnuts. (*Can be made ahead. Transfer to airtight container. Cover and refrigerate up to 24 hours. Let stand at room temperature 3 hours to soften.*)
2. Transfer dip to a small platter or serving bowl; sprinkle top with remaining 2 teaspoons walnuts. Serve with fruit and bread. Makes 1½ cups.

PER 1 TABLESPOON: 74 calories, 7 g total fat, 4 g saturated fat, 15 mg cholesterol, 75 mg sodium, 1 g carbohydrates, 2 g protein, 46 mg calcium, 0 g fiber ■

Recipes by Cynthia D. Price

There's no mystery to mouth-watering meals... anytime."

"The secret's in the bag."



Make-It-Easy Chicken Dinner

- 1 Reynolds Oven Bag, large size (14" x 20")
- 2 tablespoons flour
- 1 envelope golden onion soup mix
- 1 cup water
- 3 medium carrots, cut in chunks
- 2 medium red potatoes, cut in wedges
- 1 medium green bell pepper, cubed
- 6 chicken pieces, skin removed
- Seasoned salt, pepper

PREHEAT oven to 350°F.

SHAKE flour in Reynolds Oven Bag; place in 13x9x2-inch baking pan.

ADD onion soup mix and water to oven bag. Squeeze oven bag to blend in flour. Add carrots, potatoes and green pepper to oven bag. Turn oven bag to coat ingredients with sauce. Sprinkle chicken with seasonings; add to oven bag. Arrange chicken and vegetables in an even layer in oven bag. **CLOSE** oven bag with nylon tie; cut six 1 2-inch slits in top.

BAKE 55 to 60 minutes or until chicken is tender.

Easy Clean Up. Makes 4 servings.

For more recipes and tips, call 1-800-745-4000, or visit www.reynoldskitchens.com

Reynolds

Making good food better.





Waters's signature trimmings include Sautéed Brussels Sprouts with Bacon, and Celery Root and Potato Puree. And Waters's Brown Spiced Cranberry Fruit Sauce

THANKSGIVING TRADI

COME CELEBRATE THE MOST DELICIOU
OF TWO OF AMERICA'S TASTEMAKERS
CUISINE, ALICE WATERS, AND DESSE



The feast begins in the kitchen of Alice Waters (above) with her Turnip and Turnip Greens Soup





LHJ's Cla
Turkey with
Corn Bread Stu
course, the cente
your holiday tabl



Heatter (right) has created a Free-Form Apple Pie with apricot glaze that's scrumptious served warm



TIONS

IDAY FEAST EVER, COURTESY QUEEN OF MODERN AMERICAN A MAIDA HEATTER





Be sure to save room for Maida's unforgettable array of goodies: buttery Cornmeal Cat's Tongues, Kentucky Pound Cake spiked with bourbon, and chock-full-of-everything Carrot Cake


The birth of water.

The rebirth.



ne moment of its creation, water is perfect. It
be that way again. Introducing the Brita Ultra™
et Filter. It removes chlorine, cryptosporidium
99% of lead. You can attach it easily without tools. And the electronic indicator tells you when to change the filter. So your tap water will taste wonderful. The way it was meant to. From the beginning.

BRITA
Tap water, transformed.

ALICE WATERS

Ever since she opened her restaurant, Chez Panisse, in Berkeley, California, in 1971, Alice Waters has kept the "green" in American cuisine, creating our craving for all things fresh and seasonal.

Personal Profile: Born in 1944 in Chatham, New Jersey. Daughter, Fanny, 16.

Food Philosophy: Produce should be organically grown and travel from the garden directly to the plate. Chez Panisse's menu is built on in-season produce, and her books, which include Chez Panisse Café Cookbook (1999), Chez Panisse Cooking (1988) and Chez Panisse Vegetables (1996), have helped at-home chefs cook fresh the Waters way.

Thanksgiving Favorites She Shared with LHJ: Include a seasonal soup, watercress salad, brussels sprouts with lemon, and her special corn bread stuffing.

MAIDA HEATTER

The author of seven best-selling cookbooks, including Maida Heatter's Pies & Tarts (1997) and Maida Heatter's Book of Great Chocolate Desserts (1995), the doyenne of desserts churns out easy-to-follow, deliciously decadent recipes that anyone with even the slightest sweet tooth just can't resist.

Personal Profile: Born in Baldwin, New York; cooked up desserts in her husband's restaurant in Miami Beach.

Baking Beauties She Shared with LHJ: a free-form apple pie, Kentucky pound cake, carrot cake and cornmeal "cat's tongue" cookies—sure to become your holiday favorites, too.

LHJ'S CLASSIC THANKSGIVING TURKEY WITH PAN GRAVY

If you want to serve the best turkey ever, or if you've never roasted one before, this recipe is for you. Our step-by-step roasting instructions cook up a magnificent golden, juicy bird and a foolproof pan gravy.

Prep time: 10 minutes plus standing
Baking time: 3 to 4 hours
EASY

Corn bread stuffing (recipe follows)
1 whole turkey (10 to 12 lbs), thawed if frozen*
2 tablespoons butter, melted
2 teaspoons salt
½ teaspoon freshly ground pepper

1. Prepare corn bread stuffing as directed.
2. Heat oven to 325°F. Remove neck and giblets from body and neck cavities of turkey. Rinse turkey and drain; pat dry with paper towels. Loosely fill neck and body cavities with stuffing. Fold neck skin over back of turkey and fasten with skewers or toothpicks. Tie legs together with kitchen string.
3. Place stuffed turkey, breast side up, on rack in shallow roasting pan. Brush skin with melted butter and sprinkle with salt and pepper.
4. Roast turkey 3½ to 4½ hours. When skin is golden brown, about two thirds done (2½ to 3 hours), shield breast loosely with foil to prevent overbrowning.
5. Start testing for doneness half an hour before end times. Insert metal stem section of an instant-read thermometer at least 2 inches into the inner thigh of the bird. Let stand 15 to 20 seconds, until temperature reaches 180°F. To test the stuffing for doneness, insert thermometer into the center part of stuffing and let stand 15 to 20 seconds, until the temperature is between 160°F. and 165°F. If turkey needs more roasting, remove the thermometer before returning the bird to the oven. Immediately washing the stem section in hot soapy water after each use. Even if your turkey has a pop-up temperature device, the USDA recommends double-checking with another thermometer to be sure the turkey reached 180°F. for safety and doneness.
6. Transfer turkey to a serving platter, cover loosely and let stand 20 minutes.
7. *Make pan gravy:* Scrape drippings from roasting pan into a glass measure. Let stand 5 minutes, until fat rises to the top. Skim off fat, reserving ½ cup. (Note: Reserve any remaining fat if you want to make extra gravy.) Return reserved fat to pan. Stir in ½ *cup flour* and cook over medium heat, stirring, 2 minutes. Add skimmed pan drippings plus *enough chicken or turkey broth to equal 3 cups.* Bring to a boil and cook, stirring, 3 minutes. Season with *salt and pepper to taste.* (If you want extra gravy, double the recipe.)
8. Carve turkey (for how-tos, see "Know How," page 50). Serve with corn bread stuffing and pan gravy. Makes 10 to 14 servings.

Haters's brined turkey. Prepare turkey as directed *except* do not stuff; place in a large stainless-steel pot. Add *2 gallons cold water, 1 cup kosher salt, 1 cup sugar, 5 sprigs each thyme and flat-leaf parsley, 5 allspice berries, crushed, 4 juniper berries, crushed, 1 teaspoon peppercorns, crushed, and a pinch red pepper flakes.* (There should be enough liquid to cover the turkey.) Brine turkey in the refrigerator 8 to 15 hours. Drain turkey well; stuff and roast as directed.

PER 3-OZ. SERVING WITHOUT STUFFING:

CORN BREAD STUFFING

Waters's traditional corn bread stuffing recipe makes just the right amount to stuff the turkey. For 12, you want some for leftovers; double the recipe.

Total prep time: 55 minutes plus standing
EASY

Corn bread
1¼ cups yellow cornmeal
¾ cup all-purpose flour
1½ teaspoons baking powder
1½ tablespoons sugar
1 teaspoon salt
1 cup milk
½ cup plus 1 tablespoon butter, divided
1 large egg, beaten

2 tablespoons butter
1 cup chopped onions
½ cup diced carrot
½ cup diced celery
2 teaspoons fresh thyme leaves
1 bay leaf
¼ teaspoon salt
⅛ teaspoon freshly ground pepper
½ cup chicken broth
¾ cup heavy or whipping cream

1. *Make corn bread:* Place an 8- or 9-inch cast-iron pan in oven. Heat oven to 400°F.
2. Meanwhile, combine cornmeal, flour, baking powder, sugar and salt in large bowl.
3. Heat milk and ½ cup butter in saucepan over medium heat until butter melts. Whisk warm milk-butter mixture and egg in bowl. Make a well in cornmeal-flour mixture; pour liquid mixture into well and stir just until combined. Remove hot skillet from oven. Add remaining 1 tablespoon butter to pan, swirling to evenly coat bottom of skillet. Pour in batter. Bake until toothpick inserted in center of bread comes out clean, 12 to 16 minutes. Cool. Invert bread on to cookie sheet; crumble into large pieces. Loosely cover and let stand overnight to dry.
4. Melt butter in large skillet over medium heat. Stir in onions, carrot, celery, thyme, bay leaf, salt and pepper. Cook until vegetables soften. Transfer vegetables to bowl; stir in corn bread, broth and cream. *(Can be made ahead. Cover and refrigerate up to 24 hours.)* Makes 5½ cups. Stuff into turkey as directed above.

PER ½ CUP: 195 calories, 12 g fat, 7 g saturated fat, 48 mg cholesterol, 409 mg sodium, 19 g carbohydrates, 3 g protein, 65 mg calcium, 1 g fiber *(continued)*



Philadelphia 3-Step Caramel Pecan Cheesecake

2 pkg. (8 oz. each) PHILADELPHIA Cream Cheese, softened
1/2 cup sugar
1/2 tsp. vanilla
2 eggs
1 graham cracker crumb crust (6 oz. or 9 in.)
20 caramels
2 Tbsp. milk
1/2 cup chopped pecans

MIX PHILADELPHIA Cream Cheese, sugar and vanilla with electric mixer until well blended. Add eggs; mix until blended. Melt caramels with milk on low heat, stirring frequently until smooth. Stir in pecans.

POUR caramel mixture into crust. Top with cream cheese batter.

BAKE at 350°F for 40 minutes or until center is almost set. Cool. Refrigerate 3 hours or overnight. Makes 8 servings.

KRAFT PHILADELPHIA

www.creamcheese.com

(continued)

TURNIP AND TURNIP GREENS SOUP

Budget Recipe of the Month

Waters's take on turnips will turn you into a fan forever! She combines tender young turnips and their leafy green tops (which are at their peak right now at the farmer's market).

Prep time: 40 minutes
Cooking time: 50 to 54 minutes
EASY

1 tablespoon olive oil
1 tablespoon butter
1 tablespoon water
1 medium yellow onion, thinly sliced
1 medium clove garlic, thinly sliced
2 bunches (2½ lbs.) young turnips with greens or 1 pound turnips and 1½ pounds fresh spinach, trimmed
7 cups chicken broth
1-inch square piece prosciutto or ½ slice bacon, chopped
½ teaspoon chopped fresh thyme
1 bay leaf
¼ teaspoon freshly ground pepper
Freshly shaved Parmesan cheese, for garnish

1. Heat oil, butter and water in a large stainless-steel saucepot over medium heat until butter is melted. Add onion and garlic. Reduce heat to medium low; cover and cook until onion softens, 7 to 8 minutes.

2. Meanwhile, cut greens from turnips; discard stems and cut greens (or spinach, if using) into ½-inch-wide strips. Set aside.

3. Trim turnip roots. (If turnips are very young and tender, do not peel.) Thinly slice turnips; add to pot and cook 3 to 4 minutes, until softened. Stir in broth, prosciutto, thyme, bay leaf and pepper. Bring to a boil. Reduce heat to low; cover and simmer 30 minutes, until turnips are tender. *Can be made ahead. Cool. Transfer broth and turnips to a large container. Cover. Refrigerate up to 24 hours. Return to a boil before continuing recipe.)*

4. Stir greens into soup. Simmer 10 to 12 minutes more (4 minutes for spinach) until greens are tender. Garnish with Parmesan, if desired. Makes 8 cups.

PER CUP: 95 calories, 5.5 g fat, 1.5 g saturated fat, 7 mg cholesterol, 1,081 mg sodium, 9 g carbohydrates, 4 g protein, 134 mg calcium, 2 g fiber

THANKSGIVING MENU

DINNER

- Turnip and Turnip Greens Soup
- Watercress Salad with Belgian Endive
- LHJ's Classic Thanksgiving Turkey with Pan Gravy
- Corn Bread Stuffing
- Spiced Cranberry-Fruit Sauce
- Celery Root and Potato Puree
- Winter Squash with Sage Butter
- Peas Parisienne
- Sautéed Brussels Sprouts

DESSERTS

- Free-Form Apple Pie
- Carrot Cake
- Kentucky Pound Cake
- Cornmeal Cat's Tongues

WATERCRESS SALAD WITH BELGIAN ENDIVE

Fresh, seasonal salads are a trademark of Alice Waters's cuisine, and this refreshing salad with spicy watercress, sweet endive and crisp apple slices is guaranteed to whet the appetite for the sumptuous feast ahead.

Total prep time: 25 minutes
EASY



3 bunches (1 lb.) watercress, tough stems removed
2 Belgian endive, cut into thin strips
1 apple (such as Granny Smith), peeled, quartered and thinly sliced
2 tablespoons fresh lemon juice
1 teaspoon champagne or white-wine vinegar
1 tablespoon Dijon mustard
2 tablespoons olive oil
¼ teaspoon salt
¼ teaspoon freshly ground pepper
2 tablespoons heavy cream

1. Combine watercress, endive and apple in a large bowl.

2. Whisk together lemon juice, vinegar, mustard, oil, salt and pepper in small bowl. Toss dressing with greens; add cream and toss again. Makes 8 servings.

PER SERVING: 90 calories, 5 g fat, 1.5 g saturated fat, 5 mg cholesterol, 140 mg sodium, 11 g carbohydrates, 1 g protein, 34 mg calcium, 2 g fiber

CELERY ROOT AND POTATO PUREE

Food Editor's Favorite

Leave it to Waters to transform ordinary mashed potatoes into something special. Celery root, a knobby brown vegetable that tastes like a cross between celery and parsley, imparts a wonderfully subtle flavor to this side dish.

Prep time: 25 minutes
Cooking time: 40 to 45 minutes
EASY

2 pounds celery root, peeled and cut into 1-inch cubes
2 pounds Yukon Gold potatoes, peeled and cut into 1-inch cubes
3 teaspoons salt, divided
6 tablespoons heavy cream
6 tablespoons milk
½ teaspoon white-wine vinegar
¼ teaspoon freshly ground pepper

1. Bring celery root, water and butter to a boil in a large saucepan. Reduce heat, cover and gently boil 20 minutes. Uncover and gently boil 20 minutes more, until very tender and liquid is reduced to about ⅔ cup. Reserve cooking liquid.

2. Meanwhile, bring potatoes, enough cold water to cover and 1½ teaspoons salt to a boil in a saucepot. Boil until very tender, 20 minutes; drain.

3. Working in batches, press potatoes and celery root with reserved liquid through a ricer or potato masher into a bowl.

4. Heat cream and milk in saucepan until warm. Beat cream mixture, remaining 1½ teaspoons salt, vinegar and pepper into potatoes and celery root puree with wooden spoon. *(Can be made ahead. Cool. Cover and refrigerate in a microwaveproof bowl up to 24 hours. Let stand at room temperature 1½ hours. Microwave on High 4 minutes, stirring once halfway through, until heated.)* Transfer puree to serving bowl. Makes 10½ cups.

PER ½ CUP: 160 calories, 8.5 g fat, 5 g saturated fat, 24 mg cholesterol, 445 mg sodium, 19 g carbohydrates, 2 g protein, 25 mg calcium, 1 g fiber

WINTER SQUASH WITH SAGE BUTTER

Butternut, acorn, hubbard and kobocha squash are often served at Waters's restaurant at this time of year. Roasting the squash first brings out its sweet flavor, then it is mashed with butter, fresh sage and garlic.

Prep time: 20 minutes plus standing
Baking time: 45 minutes
EASY

4 to 5 pounds winter squash (such as butternut, acorn, hubbard or kabocha)
2 tablespoons olive oil *(continued)*



Want to chop, dice and cut prep time?

Campbell's® Chicken & Broccoli Alfredo

Prep/Cook Time: 20 min.

- 1/2 pkg. linguine or spaghetti (8 oz.)
- 1 cup fresh or frozen broccoli flowerets
- 2 tbsp. butter
- 1 lb. boneless chicken breasts, cubed
- 1 can (10 3/4 oz.) Campbell's® Cream of Mushroom or 98% Fat Free Cream of Mushroom Soup
- 1/2 cup milk
- 1/2 cup grated Parmesan cheese
- 1/4 tsp. pepper

Cook linguine according to package directions. Add broccoli for last 4 min. of cooking time. Drain.

Heat butter in skillet. Add chicken and cook until browned, stirring often.

Add soup, milk, cheese, pepper and linguine mixture and heat through. Serve with additional Parmesan cheese. Serves 4.

www.campbellsoup.com

© 1999 Campbell Soup Company



We have a soup for that.

(continued)

1 ½ teaspoons salt, divided
½ teaspoon freshly ground pepper
3 tablespoons butter
½ cup sliced shallots
2 tablespoons chopped fresh sage leaves or 1 teaspoon dried

1. Arrange oven rack in lower third of oven. Heat oven to 400°F. Line a large jelly-roll pan with foil; set aside.
2. Cut squash into 2-inch-thick pieces; transfer to large bowl. Add oil, ½ teaspoon salt and pepper; toss. Arrange squash skin side down on prepared pan. Bake 30 minutes. Turn pieces over and bake until squash can easily be pierced with a knife, 15 minutes more. Let stand until cool enough to handle. Remove skin with small paring knife; transfer squash to large bowl and gently stir with spoon until coarsely mashed.
3. Meanwhile, melt butter in a small skillet over medium heat. Add shallots; cook until they soften and just begin to color, 5 minutes. Stir in sage and cook 2 minutes more. Add sage-butter and remaining 1 teaspoon salt to squash. *(Can be made ahead. Transfer squash to medium microwaveproof bowl; cover. Refrigerate up to 24 hours. Microwave on High until heated through, 4 to 5 minutes.)* Makes 8 servings.

PER ½ CUP: 145 calories, 7 g fat, 1 g saturated fat, 12 mg cholesterol, [illegible] mg sodium, 18 g carbohydrates, [illegible] g protein, 65 mg calcium, 4 g fiber

SAUTÉED BRUSSELS SPROUTS

"Brussels sprouts taste best when cooked quickly," says Waters. "All they need is a quick wilting in butter or olive oil." So instead of boiling the sprouts whole, she slices them for this speedy skillet sauté.

Prep time: 15 minutes
Cooking time: 12 to 17 minutes
EASY

2 tablespoons olive oil
1¼ pounds fresh brussels sprouts, thinly sliced
½ cup chicken broth
2 tablespoons chopped parsley
2 teaspoons fresh lemon juice
½ teaspoon salt
¼ teaspoon freshly ground pepper

Heat oil in a large skillet over medium heat; add brussels sprouts and broth. Cook, stirring, until tender, 10 to 15 minutes. Add parsley, lemon juice, salt and pepper; cook, stirring, 2 minutes more. *(Can be made ahead. Transfer vegetables to medium microwaveproof bowl, cover and refrigerate up to 3 hours. Microwave on High until heated through, 5 to 6 minutes.)* Makes 4 cups.

PER ½ CUP: 60 calories, 4 g fat, 5 g saturated fat, 0 mg cholesterol, 227 mg sodium, 5 g carbohydrates, 3 g protein, 41 mg calcium, 4 g fiber

ALICE WATERS RECIPES ADAPTED FROM *CHEZ PANISSE VEGETABLES* (HARPERCOLLINS, 1996)

SPICED CRANBERRY-FRUIT SAUCE

Everyone will love this light and heavenly condiment from the LHJ kitchen. It includes fresh pear and apple, crystallized ginger and raspberry vinegar.

Prep time: 10 minutes
Cooking time: 10 minutes
EASY

1 bag (12 oz.) fresh or frozen cranberries
1 Bartlett or Bosc pear, peeled, cored and diced
1 Granny Smith apple, peeled, cored and diced
¼ cup sugar
2 tablespoons water
2 tablespoons raspberry vinegar
1 tablespoon chopped crystallized ginger
Pinch cayenne pepper
Pinch fresh ground pepper

Bring all ingredients to boil in a medium saucepan. Reduce heat and gently boil mixture 5 to 6 minutes, until thick and cranberries have popped but still have some shape. Cool completely. *(Can be made ahead. Transfer to airtight container. Cover and refrigerate up to 1 week.)* Makes about 3 cups.

PER ¼ CUP: 80 calories, 0 g fat, 0 g saturated fat, 0 mg cholesterol, 1 mg sodium, 21 g carbohydrates, 0 g protein, 5 mg calcium, 2 g fiber

PEAS PARISIENNE

We couldn't resist including this delicious vegetable dish from France. It's a lovely combination of sweet peas (we use frozen for ease), chopped romaine lettuce, garlic and thyme.



Prep time: 10 minutes
Cooking time: 12 to 18 minutes
EASY

2 tablespoons butter
1 cup finely chopped onions
1 tablespoon finely chopped garlic
1 teaspoon fresh thyme leaves or ¼ teaspoon dried
1 package (16 oz.) frozen peas
¼ teaspoon freshly ground pepper
Pinch nutmeg
1 cup chicken broth
2 ½ cups chopped romaine lettuce

Melt butter in a small Dutch oven over medium heat. Stir in onions, garlic and thyme. Cook until onions soften and begin to color slightly, 5 to 8 minutes. Stir in peas, pepper and nutmeg, gently breaking up peas with a wooden spoon. Add broth and bring to a boil. Simmer peas until heated through, *(continued)*

HOW TO ROAST LIKE A PRO

OUR SECRETS FOR A TIP-TOP HOLIDAY TURKEY

1. Roast the turkey on a flat rack in a heavy-duty, shallow open pan that's at least 2½ inches deep.
2. If a deeper oven pan is used, the roasting time will be longer than for a shallow pan, so check for doneness in the thighs using a meat thermometer (the breast will probably be done sooner than the thighs).
3. If using a disposable large foil roaster, the pan size should be approximately



16½x12x2½ inches. To be sure the turkey gets enough support, use 2 disposable pans, or place in a single pan on a large cookie sheet.
4. For more information about roasting, call the Butterball Turkey Talk-Line at 800-323-4848 from November 2 through December 23, or visit the Butterball Web site at *www.butterball.com*. You may also visit the National Turkey Federation's Web site at *www.turkeyfed.org*.



VISIT US AT WWW.MAXWELLHOUSE.COM

(continued) 5 to 8 minutes. Add lettuce and cook until lettuce is wilted, 2 minutes more. *(Can be made ahead. Transfer to microwaveproof bowl; cover and refrigerate up to 3 hours. Microwave on High 4 to 5 minutes, until heated through.)* Transfer to serving bowl. Makes 4 cups.

PER ½ CUP: 86 calories, 3.6 g fat, 2 g saturated fat, 8 mg cholesterol, 223 mg sodium, 10 g carbohydrates, 4 g protein, 25 mg calcium, 3 g fiber

MAIDA HEATTER'S DESSERT RECIPES

FREE-FORM APPLE PIE

Test Kitchen Favorite

Heatter has made a gorgeous dessert that's every bit as delicious as a standard double-crust apple pie but easier to make. The apples are precooked with spices, walnuts and raisins before the pie is assembled.

Prep time: [illegible]
Baking time: [illegible]
EASY

Pastry
- 1 [illegible] cups all-purpose flour
- 1 tablespoon sugar
- [illegible] teaspoon salt
- 1 cup cold butter (no substitutes), cut up
- 3 to 4 tablespoons ice water

Filling
- ½ cup butter (no substitutes)
- ½ cup sugar
- 1 tablespoon brandy, cognac or water
- 3 to 3½ pounds (6 to 7 large) Granny Smith apples, peeled, cored and cut into eighths
- ½ cup raisins
- ½ cup toasted walnuts, coarsely chopped

Glaze
- ½ cup apricot preserves

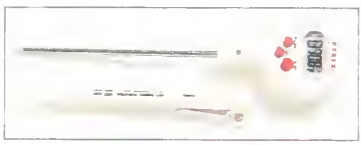
1. *Make pastry:* Combine flour, sugar and salt in a bowl. Cut in butter until mixture resembles coarse crumbs. Add water, tossing with a fork, until pastry holds together. Shape pastry into a ball; flatten into a disk. Wrap and refrigerate 1 hour. *(Can be made ahead. Refrigerate up to 24 hours.)*
2. *Make filling:* Melt butter in a 12-inch skillet over medium heat. Increase heat to high; add sugar and brandy. Stir in apples; cover and cook 3 minutes, stirring apples twice. Uncover; add raisins and cook apples, stirring, until tender and liquid evaporates, about 6 minutes more. Cool apples completely. Stir in nuts.
3. Heat oven to 425°F. Meanwhile, on lightly floured surface, roll out pastry into a 14-inch circle. Transfer pastry to large cookie sheet. Arrange apples on pastry, leaving a 2- to 2½-inch border around the edge. Fold edge of pastry over apples. (The pie should be about 9 inches in diameter.) Bake 15 minutes. Reduce oven temperature to 400°F. and bake 30 minutes more, until crust is golden brown.
4. *Make glaze:* Melt preserves in small saucepan over medium heat. Strain preserves through a sieve into a cup; drizzle over filling. Cool on cookie sheet. Transfer to serving platter when cool. *(Can be made ahead. Transfer pie to a foil-lined baking sheet. Freeze 1 hour until firm, then wrap well and freeze up to 1 week. Unwrap pie. Thaw at room temperature 1¼ hours. Reheat in 350°F. oven 20 minutes.)* Serve pie warm. Makes 6 to 8 servings.

PER SERVING: 580 calories, 26 g fat, 13 g saturated fat, 53 mg cholesterol, 378 mg sodium, 88 g carbohydrates, 4 g protein, 32 mg calcium, 5 g fiber

ADAPTED FROM *MAIDA HEATTER'S BEST DESSERT BOOK EVER* (RANDOM HOUSE, 1990).

LHJ SPECIAL OFFER

For preparing the Thanksgiving feast with our recipes



The Digital Instant-Read Thermometer has a precise, easy-to-read display that includes both Centigrade and Fahrenheit readings and covers a wide range of temperatures. The lightweight, sturdy construction is designed for household use; the smooth, porous material will not absorb food odors. Water-resistant case and long-life battery included. From Robinson Knife Co. ($24.95).



The Two-Piece Nonstick Heavy-Duty Chef's Roasting Pan Set is fabulous for your turkey or roasts. Made from heavy-gauge aluminum, this nonstick pan was designed to hold a twenty-pound turkey or any equally large roast. The DuPont nonstick Silverstone rack absorbs heat, which provides faster, more thorough cooking ($69.95).



The Hutzler Turkey Basting Gun helps remove turkey drippings, separates fat from the gravy, and bastes meat in the oven or on the grill ($29.95).

Prices include shipping, handling and applicable sales tax. TO ORDER: Call 800 [illegible] 793 (MasterCard, Visa and Discover Card users) or send your name, street address and check or money order to *Ladies' Home Journal* Resources, Dept. L1199, P.O. Box 9381, Des Moines, IA 50306-9381. Please specify product. For orders outside of the contiguous United States, please add $15 for shipping and handling. Visit our Web site at www.LH[illegible]shopping.

CARROT CAKE

Heatter loves to serve carrot cake at Thanksgiving, and this three-layer beauty is utterly delicious, with a not-too-sweet cream cheese frosting.

Prep time: 40 minutes plus freezing
Baking time: 35 to 40 minutes
EASY

Cake
- 1 cup raisins
- 2 cups minus 2 tablespoons all-purpose flour
- 1 tablespoon unsweetened cocoa
- 2 teaspoons baking powder
- 2 teaspoons cinnamon
- 1 teaspoon baking soda
- 1 teaspoon salt
- 4 large eggs
- 2 teaspoons vanilla extract
- 1 cup granulated sugar

(continued)

Inc

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What Could Top Pumpkin Pie?



Do The Cool Whip!





Twenty minutes is all it takes to give your family a tasty, fun meal. Make it a Manwich night!

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THANKSGIVING TRADITIONS

Continued

1 cup firmly packed dark brown sugar
1 ¼ cups corn or vegetable oil
4 cups firmly packed grated carrots (1 ¼ lbs.)
1 ½ cups chopped walnuts

Frosting
2 packages (8 oz. each) cream cheese, softened
½ cup butter (no substitutes), softened
1 teaspoon vanilla extract
2 cups sifted confectioners' sugar

1. Adjust oven racks to center and upper third of oven. Heat oven to 350°F. Grease three 9-inch round cake pans. Line bottom of pans with waxed paper; grease and flour paper, tapping out excess. Set aside.
2. *Make cake:* Arrange raisins in a strainer set over shallow water in a medium saucepan. Cover and bring water to boil; steam raisins 10 minutes. Set raisins aside.
3. Combine flour, cocoa, baking powder, cinnamon, baking soda and salt in a bowl. Beat eggs in a large mixer bowl on medium speed until blended. Beat in vanilla, both sugars and oil until well combined. At low speed, add flour mixture and beat just until blended. Stir in carrots, raisins and nuts. Divide and spoon batter into prepared pans. Place 2 pans on 1 oven rack and 1 pan in the center of the other rack. Bake until tops of cakes spring back and edges begin to pull away from side of pans, 35 to 40 minutes. Cool cakes in pans on wire racks, 10 minutes. Unmold layers, remove paper and invert again onto racks; cool. Freeze layers 1 hour, until firm.
4. *Make frosting:* Beat cream cheese and butter in mixer bowl on medium high speed until smooth. At low speed, beat in vanilla and confectioners' sugar, until well combined. Increase speed to high and beat until mixture is smooth.
5. Transfer 1 layer to a large serving plate; spread top with one third of the frosting. Repeat with remaining layers and frosting. *(Can be made ahead: Freeze cake uncovered 1 hour, until frosting is firm, then wrap well and freeze up to 2 weeks. Thaw in refrigerator overnight. Let stand at room temperature 4 to 5 hours before serving.)* Makes 12 servings.

PER SERVING: 835 calories, 52 g fat, 15 g saturated, 123 mg cholesterol, 584 mg sodium, 87 g carbohydrate, 10 g protein, 144 mg calcium, 4 g fiber

FROM *MAIDA HEATTER'S CAKES* (ANDREWS McMEEL PUBLISHING, 1998).

KENTUCKY POUND CAKE

This big brown-sugar pound cake with a splash of bourbon is sure to become a holiday favorite. Serve in thin slices.

Prep time: 20 minutes
Baking time: 1 hour 20 to 25 minutes
EASY

Cake
3 ¼ cups all-purpose flour
1 ½ teaspoons baking powder
1 ½ cups butter (no substitutes), softened
1 tablespoon vanilla extract

YOU ASKED FOR IT! Is chicken always a winner for dinner, but you're bored with your same old recipes? Does your husband love beef, but you're tired of serving up burgers just because they're quick? Tell us about your mealtime dilemmas and what kind of main-dish recipes would rescue you and your family. In a future issue of LHJ, we'll feature a reader-requested menu plan to make dinner time spent in the kitchen short yet productive, foolproof yet fun. Send us your requests by October 31, 1999, to *Ladies' Home Journal*, Recipe Requests, 125 Park Avenue, New York, NY 10017.

…aspoon mace or nutmeg
…cups firm y packed brown sugar
…ge eggs
…up milk
…up bourbon

…up granulated sugar
…up bourbon

1. …just oven rack to lower third of oven … oven to 350°F. Grease a 10x4-inch …an. Sprinkle pan with flour, tapping …cess.
2. …t together flour and baking powder in …dium bowl. Beat butter, vanilla and … in large mixer bowl on medium-high …, until smooth. At low speed, beat in … sugar until blended. Increase speed …edium-high and beat mixture 3 to …nutes until creamy, scraping side of … Add eggs one at a time, beating well … each addition.
3. …ombine milk and bourbon in a glass …ure. At low speed, beat in milk mix… alternately with flour mixture, begin… and ending with flour mixture, …ng bowl twice, until batter is smooth. …our batter evenly into prepared pan. … 1 hour and 20 to 25 minutes, until …hpick inserted in center of cake …es out clean. Cool cake in pan on … rack 15 minutes. Run a knife around …

…of pan to loosen cake. Invert cake … then invert cake … Blend … up.
5. Make glaze: Meanwhile, combine sugar and bourbon in a small saucepan. Cook until sugar dissolves. Brush warm glaze over warm cake. Cool to … Blend … and … up and … Drizzle over cake. Let glaze … before serving. Makes 16 servings.

PER SERVING …

…

CORNMEAL CAT'S TONGUES

These dainty, crunchy cornmeal cookies are a favorite of Maida's … she calls them the cat's meow!

Prep time: …
Baking time: …
MODERATE

…cups all-purpose flour
…cup yellow cornmeal
…cup plus 2 tablespoons butter, softened
…cup sugar
…teaspoon vanilla extract
…teaspoon salt
2 large eggs

1. Arrange oven racks in upper and lower third of oven. Heat oven to 350°F. Line 2 cookie sheets with parchment paper. Sift flour three times into a large bowl; stir in cornmeal. Set aside.
2. Beat butter, sugar, vanilla and salt in a large mixer bowl on medium-high speed, until well combined. Add eggs one at a time, beating well after each addition. Scrape bowl with rubber spatula and beat mixture until blended. At low speed, slowly add flour mixture, scrape side of bowl again with rubber spatula and beat mixture until just blended.
3. Spoon one third of dough into a large pastry bag fitted with a … inch plain round tip. Pipe dough into 3x…-inch sticks 1 inch apart, on prepared sheets. Bake … minutes, switch cookie sheets between racks and bake … to 8 minutes more, until cookies have golden edges. Transfer to wire racks and cool. Repeat with remaining dough. *(Can be made ahead. Transfer cookies to an airtight container and freeze up to 1 month. Thaw at room temperature 2 hours.)* Makes about 10 dozen.

PER COOKIE: 25 calories, 1.5 g fat, … g saturated fat, … mg cholesterol, 24 mg sodium, … g carbohydrates, … g protein, … mg calcium, … g fiber.

FROM *MAIDA HEATTER'S BOOK OF GREAT DESSERTS* (ANGELA … MCMEEL PUBLISHING, 1999). ■





Stove-Top Duck Roast is luscious company fare



julia child

She has inspired food lovers everywhere—home cooks and professional chefs alike—to learn the art of fine cooking, or even to simply master their one favorite recipe.

Passionate Palate: Child fell in love with French food at first bite, when she and her husband, Paul, moved to Paris for his job.

TV Pioneer: More than thirty years before Emeril started "kickin' it up a notch," Julia was on the air with TV's first cooking show, The French Chef, which demystified complicated techniques for the average cook and made her a household name.

"Bon Appétit!": From that point on, her show, videos and eleven cookbooks, including 1961's Mastering the Art of French Cooking to her latest, 1999's Julia and Jacques Cooking at Home, Julia has held a revered place in the kitchen of anyone who loves to cook—and enjoy—good food.

JULIA CHILD'S DIVINE DUCK

FROM THE CHEF WHO DOES IT BEST: A STEP-BY-STEP RECIPE THAT SHOWS YOU JUST HOW EASY THIS FESTIVE DISH CAN BE

"This is real food!" Child exclaims about her delicious trademark duck recipe. "Preparing a duck roast is a wonderful project for people who truly love cooking—the only readers I write for."

In the LHJ Kitchen, we found that with a little planning, cooking duck is much less daunting than you might think. And, when we sat down to sample the results, we knew the effort was well worth it.

JULIA CHILD'S STOVE-TOP DUCK ROAST

Indulgent But Worth It

Prep time: 2 [illegible] hours plus marinating and chilling
Cooking time: 1 hour 25 to 32 minutes
Moderate

1 whole duck (5½ to 5¾ lbs) fresh or frozen, thawed*, neck and giblets reserved
1 bay leaf, finely chopped
1 [illegible]
4 [illegible]
4 [illegible]
4 [illegible]
4 teaspoon[illegible] fresh[illegible] pepper
4 teaspoon[illegible] sage

Stock:
[illegible]
[illegible]
[illegible]
1 can (14 [illegible] chicken broth
[illegible] teaspoon thyme
1 bay leaf
4 fresh parsley sprigs
1 plum tomato, chopped
2½ cups water
¼ cup dry white vermouth
¼ teaspoon salt
⅛ teaspoon freshly ground pepper

12 pearl onions, peeled
¼ cup water
¼ pound assorted mushrooms (such as white, shiitake and brown), trimmed and halved

(continued)

u don't sleep with a teddy bear.



Your favorite song isn't Twinkle Twinkle Little Star.



So why are you eating the ndensed Chicken Noodle Soup you ate as a kid?



Isn't it time to go to a ..... better tasting soup?



Campbell's Condensed Chicken Noodle]



[Progresso White Meat Chicken Noodle]

resso Chicken Noodle has bigger pieces of tender, white meat chicken and rich hearty noodles in a h that's perfectly seasoned. It's not condensed. It's satisfying, so it leaves you feeling good to go.

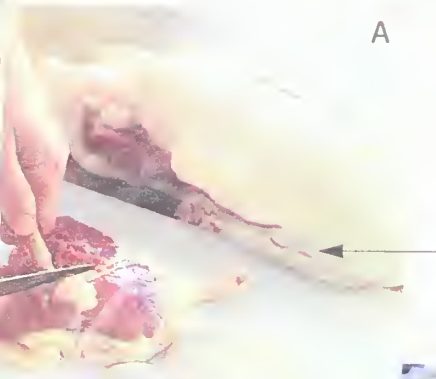
It's time to go Progresso



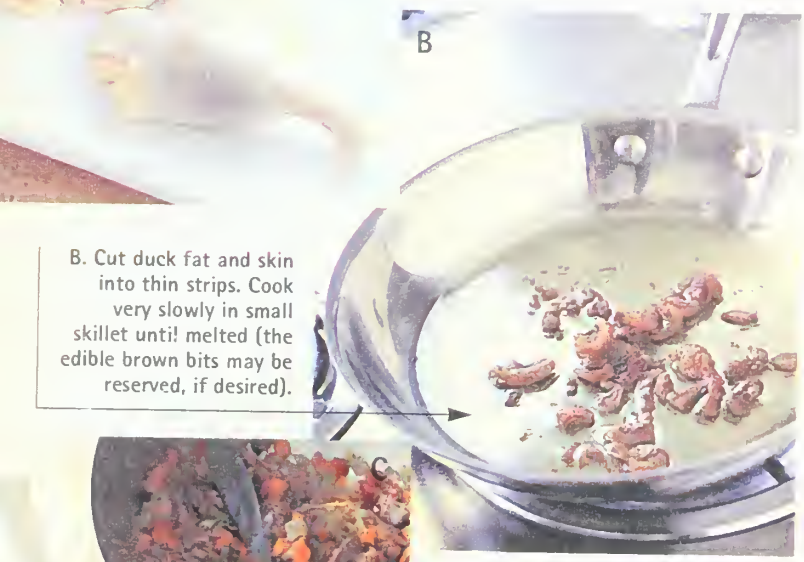
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m a national taste test comparing Progresso and Campbell's Condensed Chicken Noodle soups.

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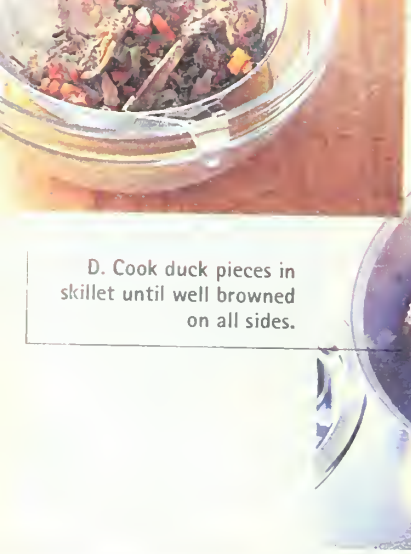
A. Remove leg-thigh portion from duck, then, with a small, sharp knife, remove the thigh bone by scraping along the bone to separate it from the meat. Repeat, removing leg-thigh portion on other side. Reserve thigh bone for stock.



B. Cut duck fat and skin into thin strips. Cook very slowly in small skillet until melted (the edible brown bits may be reserved, if desired).



C. Strain duck stock through a large strainer or colander, pressing on solids with a large spoon to extract as much liquid as possible.



D. Cook duck pieces in skillet until well browned on all sides.

"We don't cook enough duck!" says Julia. "I love to serve it for a party because it's so easy—treat it as you would chicken—and it has such great flavor"

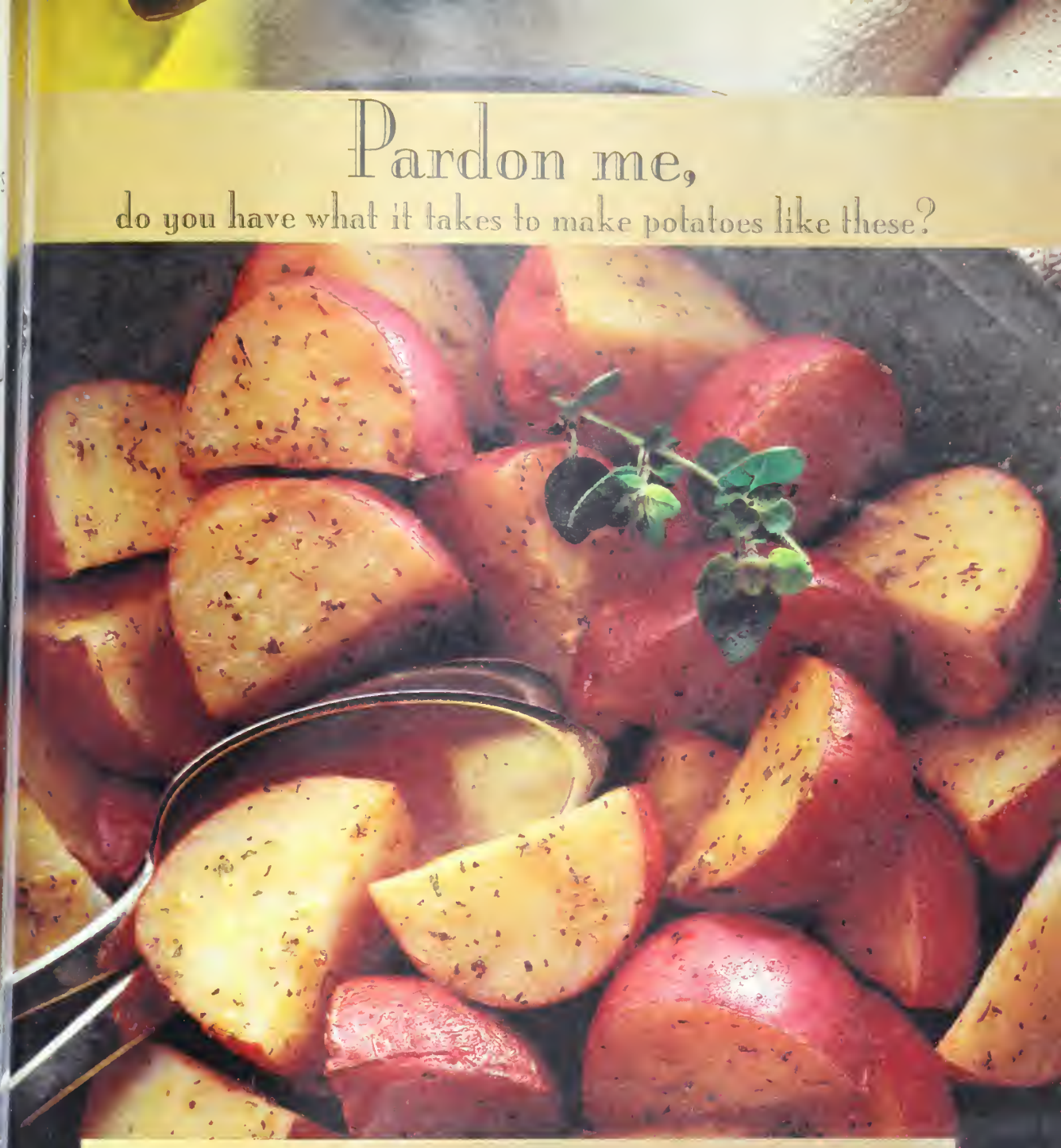
(continued) 1 tube (16 oz.) refrigerated polenta, cut crosswise into 8 equal slices
Steamed green beans (optional)

*TO THAW: DEFROST IN REFRIGERATOR UP TO 2 TO 3 DAYS. ONCE THAWED, USE WITHIN 2 DAYS.

1. *Day before:* Remove leg-thigh portions from duck. Remove thigh bone by scraping along bone to separate from meat, keeping meat intact and attached to the drumstick. Cut at joint to remove thigh bone (photo A). Cut down each side of the breastbone and rib cage. Remove breast meat by scraping a sharp knife along rib cage. Leaving each breast covered with skin, trim off excess skin and fat. Trim excess fat and skin from legs, breast and carcass; set aside. Chop the carcass into 2-inch pieces; transfer to bowl with neck and giblets and set aside. Prick the skin covering breast and leg-thighs with a tip of a small, sharp knife without piercing the meat.
2. Blend bay leaf, salt, thyme, allspice, paprika, pepper and sage; sprinkle on both sides of duck breasts and leg-thighs. Arrange on a plate; cover and refrigerate overnight.
3. Cut reserved fat and skin into thin strips. Cook in small skillet over low heat, until melted (or rendered) to a clear, golden liquid, 25 to 30 minutes (photo B).
4. *Make stock:* Heat 1 tablespoon melted duck fat in a large skillet over medium-high heat. (Transfer remaining melted fat to cup; cover and refrigerate overnight.) Cook duck carcass, giblets and neck in 2 batches until well browned, turning occasionally, 5 to 10 minutes per batch. Transfer each batch with slotted spoon to a Dutch oven. Add diced onion, carrot and celery to skillet. Cook until vegetables are lightly browned, 5 minutes; transfer to Dutch oven with slotted spoon. Discard fat from skillet. Add chicken broth to skillet and bring to a boil, stirring to scrape up any *(continued)*

Pardon me,

do you have what it takes to make potatoes like these?



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Grey Poupon's unique blend of herbs, spices and white wine make even the ordinary extraordinary.



Herb-Roasted Potatoes Poupon

5 tbsp. Grey Poupon Dijon Mustard
2 tbsp olive oil
1 clove garlic, chopped
1/2 tsp. Italian seasoning
6 medium red-skin potatoes (about 2 pounds), cut into chunks

Mix all ingredients except potatoes in small bowl. Place potatoes in lightly greased 13x9x2-inch baking pan or on shallow baking sheet; toss with mustard mixture. Bake at 425°F for 35 to 40 minutes or until potatoes are fork tender, stirring occasionally. Makes 4 servings.

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Dole TROPICAL

JELL-O

Dole

JELL-O smile more

JULIA CHILD

browned bits. Transfer broth to Dutch oven with thyme, bay leaf, parsley, tomato and water. Bring to a boil. Reduce heat; cover and simmer 1 2 hours. Strain stock through a colander set over a large bowl, pressing on solids to extract as much liquid as possible (photo C). Discard solids; cool stock completely. Transfer to a large bowl; cover and refrigerate overnight.

5. *Next day:* Discard fat from chilled stock. Bring stock to boil in saucepan. Add vermouth and boil until liquid is reduced by half (1½ cups), 30 minutes; add salt and pepper. Set aside.

6. Melt 1 tablespoon reserved chilled duck fat in a small saucepan over medium heat. Add pearl onions and cook until browned on all sides, stirring occasionally, 5 to 8 minutes. Add water and bring to a boil. Cover and simmer onions 10 minutes, or until tender. Set aside, discarding liquid.

7. Melt 1 tablespoon more duck fat in large skillet over medium-high heat. Add mushrooms and cook until softened. Transfer to a plate.

8. Melt another 1 tablespoon fat in same skillet over medium heat. Add the duck breasts and leg-thighs skin side down. Cook leg-thighs 15 minutes, turning, until browned on both sides. Cook breasts 12 minutes, until well browned; turn and cook 3 minutes more for medium-rare (photo D). Transfer breasts to a plate. Cover skillet, reduce heat to low and cook leg-thighs, turning occasionally, 25 minutes m til tender and cooked through.

9. Meanwhile, heat oven to 200° 1 tablespoon fat in another large Add polenta slices and cook 5 min side, until browned. Transfer sli cookie sheet and keep warm in ove

10. Transfer leg-thighs to plate wi breasts. Pour off fat from skillet a clean. Return duck to skillet with mushrooms and stock. Cover and 4 to 5 minutes, turning duck occas until heated through. Remove skill heat. Remove duck to a cutting bo breast and leg-thighs into diagona Arrange 2 slices of polenta on each o ng plates. Divide and arrange duck, and mushrooms on polenta. Rehea spoon over duck. Serve with green if desired. Makes 4 servings.

PER SERVING: 595 calories, 37.5 g total fat, 12 rated fat, 107 mg cholesterol, 1,481 mg sodium, bohydrates, 31 g protein, 43 mg calcium, 5 g fibe

JOURNAL SHOPPING CENTER

From Thanksgiving Traditions, page 202: Bowl wi Parisienne, "Tempo" in whitewash by Re 225 Fifth Avenue, Suite 105, New York, NY 212-683-9660. Dinner plates and salad pl watercress and endive salad, "Stone Har Wedgwood, 800-955-1550.

From Return to Glamour, page 192: Living room chaise, custom design by Barbara Barry, 31 9977; chair, ottoman, coffee table, nesting sideboard, mirror, Baker, 616-361-7321. Dining table, chairs, window fabric, Baker. Bedroom white lacquer desk, custom design by Barbara mirror, side table, ottoman, window fabric, Ba lamps, Christopher Spitzmiller, 202-333-4313.

LHJ BOOK BAG

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You asked for it and here it is! This new co book is filled with every mouthwatering rec from *Ladies' Home Journal* in 1999, as well dozens of never-before-published recipes—o three hundred recipes in all—all for just $9.95!

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nything you can do with an apple you can do with a pear. And if there is a time when need a fast, delicious, easy and elegant dessert, it's during the rush of holiday activities.

Use Northwest Pears, plus a few prepared items,
l you not only have elegance at hand, but you have a hand up for the busiest days ahead.

thwest Pear Spice Cake

package (1lb. 2oz.) spice cake mix
. eggs
.. cup water
cup vegetable oil
.. pear Mincemeat Filling
.. Cream Cheese frosting
.. cup orange marmalade or apricot jam
.. Northwest Pear, any variety, cored and thinly sliced

ıe cake mix, eggs, water and oil in mixing bowl. medium speed until blended. Pour into 2 greased ured 9-inch round cake pans. Bake at 350°F 35 ıinutes. Cool 10 minutes. Remove from pans. completely cooled, cut each layer in half horizon- pread half of pear Mincemeat Filling on cut : of each cake and half of Cream Cheese frosting of one cake. Put two layers of each cake back er with unfrosted layer on top. Frost top of cake maining Cream Cheese frosting. Heat marmalade ain; discard solids. Place pear slices on frosting ush with marmalade glaze. Makes 10 servings.

Aincemeat Filling: Combine 1 cup cored and chopped Northwest pears, 1 cup prepared neat, 1/4 cup orange juice and 1 tablespoon arch in small pan. Cook and stir until mixture boils ickens. Cool.

Cheese Frosting: Blend 3 ounces softened lowfat cheese and 2 tablespoons milk. Add 2-1/2 to 3 owdered sugar, 1/2 cup at a time, and stir to ding consistency.



To receive by Dec.25,
orders must be received by Dec. 5.

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Actual Size 3"

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NUTS!

Scoop up the freshest almonds, walnuts, pecans and hazelnuts and fall crazy in love with this wonderfully nutty strudel

Classified as both a seed and a fruit, nuts have a soft, edible heart encased in a hard shell. Nuts are at their freshest best during the harvest season, from late October to December. To help keep them that way, store them in the refrigerator in a sealed bag or closed container for up to three months, or freeze them for up to six months.

Our recipe for Mixed Nut Strudel combines four varieties, all toasted to enhance their natural, rich flavors and add a little crunch. The filling is wrapped in thin layers of phyllo dough, which bakes into a flaky crust reminiscent of a European turnover pastry, or strudel. A velvety orange custard sauce is a tantalizing accompaniment.

MIXED NUT STRUDEL

Prep time: 40 minutes plus freezing
Baking time: 25 to 30 minutes
MODERATE

For filling:
- cup walnuts
- cup pecans
- cup whole almonds, skinned
- cup hazelnuts
- cup dried currants
- large egg white
- tablespoons butter, melted (no substitutes)
- 2 teaspoons ground cinnamon
- teaspoon cardamom
- large egg yolk, lightly beaten
- temperature

6 tablespoons sugar
- teaspoon cinnamon
- sheets phyllo
- cup Orange Custard Sauce (recipe follows)

1. *Make filling.* Heat oven to 350 F. Spread walnuts, pecans and almonds in a single layer on a large jelly-roll pan, and spread hazelnuts on a small jelly-roll pan or cookie sheet. Bake nuts 10 minutes, until toasted; hazelnut skins should be crackly. Wrap hazelnuts in clean kitchen towel and let stand 5 minutes; rub nuts in towel to remove skin. Cool all the nuts completely.
2. Process half of the nuts, corn syrup, egg yolk, butter, vanilla and cardamom in food processor until most nuts are finely chopped and mixture holds together (some larger pieces of nuts should still be visible) (photo A). Beat the egg whites in medium bowl on medium speed, just to stiff peaks. Fold into nut mixture. Return to bowl and freeze filling 30 to 40 minutes, until stiff but not frozen.
3. Coarsely chop remaining nuts. Remove 2 tablespoons and chop slightly smaller for topping. Set both aside.
4. Combine sugar and cinnamon in small bowl; set aside 2 teaspoons in a cup for topping. Arrange phyllo on flat surface. Remove *(continued)*



Process nut filling until mixture holds together



Lightly brush phyllo with melted butter



Fold in ends of phyllo over nut filling



Roll into a tight, compact log


For the best flavor, serve Mixed Nut Strudel warm

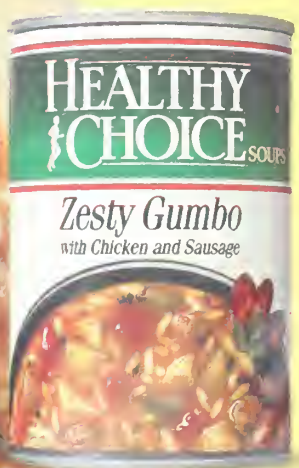
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(Continued)

1 sheet phyllo and place with long side facing you. Keep remaining phyllo covered with a sheet of plastic wrap. Brush phyllo with some of the melted butter (photo B); sprinkle with scant 1 tablespoon cinnamon-sugar. Repeat three more times, laying phyllo sheets on top of each other. Spoon half the nut filling 1 inch from long edge of phyllo facing you and shape into a 2 2-inch-wide log, leaving a 1-inch border on short ends. Sprinkle filling with half the reserved coarsely chopped nuts. Fold in short ends (photo C), then carefully roll up (photo D). Repeat process to make a second roll with remaining phyllo, butter, cinnamon-sugar and filling and coarsely chopped nuts. Arrange rolls 4 inches apart on a large ungreased cookie sheet. Brush tops of rolls with butter, then with beaten yolk. For topping, sprinkle with reserved 2 tablespoons chopped nuts, then reserved 2 teaspoons cinnamon-sugar. Bake rolls 25 to 30 minutes, until golden. Cool on pan on wire rack. (*Can be made ahead. Wrap well and store at room temperature overnight. Unwrap and reheat in 350°F oven 10 minutes.*) Cut each roll crosswise into ten 1 -inch thick slices. Serve warm or at room temperature with Orange Custard Sauce. Makes 20 servings.

PER SERVING WITHOUT CUSTARD SAUCE: [illegible]

ORANGE CUSTARD SAUCE

Prep time: 10 minutes
Cooking time: 6 minutes
EASY

1 cup heavy or whipping cream
1 cup milk
1 (2-inch) strip orange peel
5 large egg yolks
½ cup sugar
½ teaspoon cinnamon

1. Heat cream, milk and orange medium saucepan until small bu pear around edge of pan. Remov set aside.
2. Meanwhile, beat yolks and sug mixer bowl until thick and light about 3 minutes.
3. Gradually beat the hot cream into yolk mixture; beat in cinnam turn to pan with orange peel. C medium heat, stirring, until mixtu ens and temperature registers 170° instant-read thermometer, about 2 (Mixture should be slightly thic heavy cream.) Immediately pour through a fine sieve set over a bowl. Cool completely. (*Can ahead. Transfer to airtight container an ate up to 24 hours.*) Makes 3 cups.

PER 2 TABLESPOONS: 75 calories, 6 g tota saturated fat, 71 mg cholestero , 12 mg sodiu carb, trates, 1 g prote n, 28 mg calc um, 0 g fibe

Recipes by Cynthia DePersio

LHJ SPECIAL OFFER



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The perfect tools help make the perfect pie. Our Perfect Pie Package consists of Mrs. Anderson's Crust Shields, which ensure an evenly browned, evenly baked piecrust. The durable and reusable ring covers the crust's outer edge during baking and fits all 9- to 10-inch pies. Slice eight equal servings by using the eight-piece Pie Marker by SCI International. It has an easy-to-hold handle a is dishwasher-safe. Phil's Perfect Pie Server guarantees that the first piece out is just as pretty the last. This superthin, flexible stainless-steel spatula allows lifting from the most stubborn to t most fragile of slices. A dishwasher-safe professio tool by RSVP International, Inc. The three-piece Perfect Pie Package sells for $27.95, which includ shipping, handling and applicable sales tax.

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Amazing how fast people eat turkey when dessert is Chocolate Pecan Pie.



Prep: 15 minutes

Bake: 55 minutes

One Bowl Chocolate Pecan Pie

1 pkg. (8 squares) BAKER'S Semi-Sweet Baking Chocolate
1 refrigerated pie crust
2 tbsp. butter or margarine
3 eggs, slightly beaten
¼ cup firmly packed light brown sugar
1 cup KARO® Light or Dark Corn Syrup
1 tsp. vanilla
1½ cups pecan halves or walnut pieces

·**HEAT** oven to 350°F. Coarsely chop 4 squares of the chocolate and set aside. Line 9-inch pie plate as directed on package with pie crust. ·**MICROWAVE** remaining 4 squares of chocolate and butter in large microwavable bowl on HIGH 1 to 2 minutes or until butter is melted. Stir until chocolate is completely melted. ·**BRUSH** bottom of pie crust with small amount of beaten egg. Stir sugar, corn syrup, eggs and vanilla into chocolate mixture until well blended. Stir in pecans or walnuts and chopped chocolate. Pour into pie crust. ·**BAKE** 55 minutes or until knife inserted 2 inches from edge comes out clean. Cool on wire rack. Makes 8 servings.



Tip: A frozen deep dish pie crust (9 inch) can be substituted for the refrigerated pie crust.



Celebrate the Season with *Karo* and Baker's.

For more great recipes visit www.bakerschocolate.com and www.karosyrup.com







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with 1/3 cup Lea &
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olive oil for 30 minutes.
minutes on each side. Ba
extra marinade.



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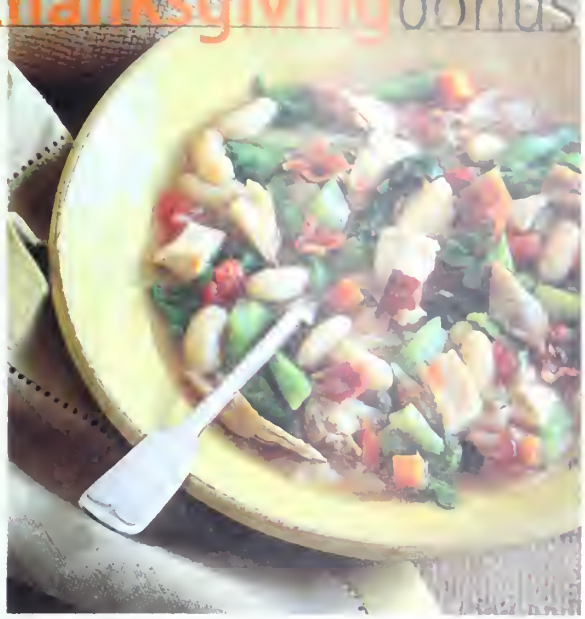
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RITION GUIDE
and nutrient
is appears at the
each of our
s to help you plan
balanced meals.

GOAL	
s	2,000 (F), 2,500 (M)
ydrates	250 g or more
at	60 g or less (F), 70 g or less (M)
n	55 g to 90 g
ated fat	20 g or less (F), 23 g or less (M)
m	1,000 mg
sterol	300 mg or less
	20 g to 35 g
m	2,400 mg or less



Leftover MAKEOVER

Extra turkey makes for a scrumptious suppertime stew

After the big day, whip up this recipe for a simple stew loaded with good-for-you vegetables and white beans.

TURKEY–WHITE BEAN STEW

Prep time: 20 minutes
Cooking time: 49 minutes
EASY

3 slices thick-cut bacon
1 tablespoon olive o
½ cup chopped onion
1 tablespoon chopped gar
1 teaspoon chopped a apeno chile with seeds
½ cup chopped carrots
½ cup chopped celery w th leaves
¾ teaspoon salt
½ cup chopped canned t matoes
1 can (19 oz.) cannellini bea s drained and r nsed
2 cans (14½ oz. each) chicken broth
2 cups cooked turkey, cut into ½-inch pieces
¼ pound green beans, cut into 1-inch diagonal pieces
1 potato (7 oz.), shredded
2 cups chopped escaro e or spinach

1. Cook bacon in small Dutch oven until crisp; drain. Crumble and set asi Discard fat.

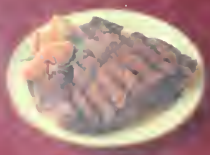
2. Heat oil over medium heat in Dutch oven. Add onion, garlic and jalapeño; cook until onion softens. Add carrots, celery and salt; cook until softened slightly, 5 minutes. Stir in tomatoes and cannellini beans; cook until mixture thickens slightly and tomatoes are heated through, 3 to 5 minutes. Add broth and turkey; bring mixture to boil. Reduce heat; cover and simmer 20 minutes. Add green beans and potato; simmer uncovered, 10 minutes. Add escarole and cook until tender, 3 to 4 minutes more. If using spinach, cook 1 minute.

3. Divide stew into 4 shallow bowls. Sprinkle the top of each with the reserved bacon. Makes 4 servings.

PER SERVING: [illegible]

Recipe by Jane Yagoda Goodman

DON'T MISS THESE:



T-BONE TO A T

Simply marinate a 2 lb. steak with 1/2 cup Lea & Perrins® Worcestershire Sauce and 1 med. onion (chopped or in rings) for 30 minutes. Grill 5 inches from heat, 5 minutes each side. Baste with extra marinade.



WORCESTER-FRY

Marinate 1 lb. steak strips for 30 min. with 1/3 cup Lea & Perrins® Worcestershire Sauce, 2 Tbsp. brown sugar and 1 Tbsp. dijon mustard. Heat 1 Tbsp. vegetable oil in skillet or wok and brown steak. Remove steak. Stir fry vegetables until tender. Return steak and reserved marinade and cook 1 min.

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You Asked For It

Dear LHJ,
Last Thanksgiving I was served an unusual cheesecake that had sweet potatoes in the filling. It was so delicious, I'd like to make it a part of my own holiday repertoire. Can you get the recipe from the Calico Restaurant, in Rhinebeck, New York? Thanks.

—Brook Wilkinson
Cornwall-on-Hudson, New York

SWEET POTATO CHEESECAKE

Prep time: 1 hour plus chilling
Cooking time: 1 hour 40 to 45 minutes
EASY

Baked sweet potatoes are mashed, blended with fall spices and cream cheese, then baked on a buttery cookie crust for this crowd-pleasing cheesecake.

1 pound sweet potatoes, scrubbed

Pastry
1½ cups all-purpose flour
½ cup granulated sugar
½ cup unsalted butter (or butter substitutes, see p. 60), cut up
1 large egg
1 large egg yolk

1 tablespoon flour
2 teaspoons cinnamon
½ teaspoon ginger
¼ teaspoon nutmeg
1 cup whole-milk ricotta
12 ounces cream cheese, softened
½ cup granulated sugar
½ cup firmly packed brown sugar
2 large eggs
2 large egg yolks

1. Heat oven to 400°F. Line a baking pan with foil. Prick sweet potatoes with a fork; arrange on prepared pan. Bake 60 to 70 minutes, until very soft. Cool; cut in half and scoop out flesh. Mash and set aside (you should have 1¼ cups).

2. *Make pastry:* Meanwhile, combine flour and sugar in a large bowl. With pastry blender or 2 knives, cut in butter until mixture resembles fine crumbs. Beat egg and yolk together in a cup; add to flour mixture, tossing with a fork until mixture begins to hold together. On lightly floured surface, shape pastry into a ball, then flatten into a disk. Wrap and refrigerate 1 hour.

3. On lightly floured surface with floured rolling pin, roll pastry to an 11-inch circle, ⅛ inch thick. Using the bottom of 9-inch springform pan as a guide, cut pastry into a 9-inch circle. Lightly butter bottom of pan, then transfer pastry to pan. Press edge of circle against side of pan. Bake until golden, 20 to 23 minutes. Cool on wire rack.

4. Reduce oven temperature to 250°F. Combine flour, cinnamon, ginger and nutmeg in a cup.

5. Process ricotta in food processor until very smooth, 1 minute. Transfer to large mixer bowl. Beat in cream cheese and granulated and brown sugars at medium speed until smooth and fluffy, scraping down sides of bowl with a rubber spatula. Beat in sweet potatoes. At low speed, add eggs and egg yolks, one at a time. Add flour-spice mixture and beat just until smooth. Pour filling into prepared pan. Bake cheesecake until firm, 1 hour 20 minutes. Cool on wire rack. Cover and refrigerate overnight. To serve, run a small knife around the side of pan, then detach ring. Makes 12 servings.

PER SERVING: 4[illegible]

Best of Today Sweepstakes

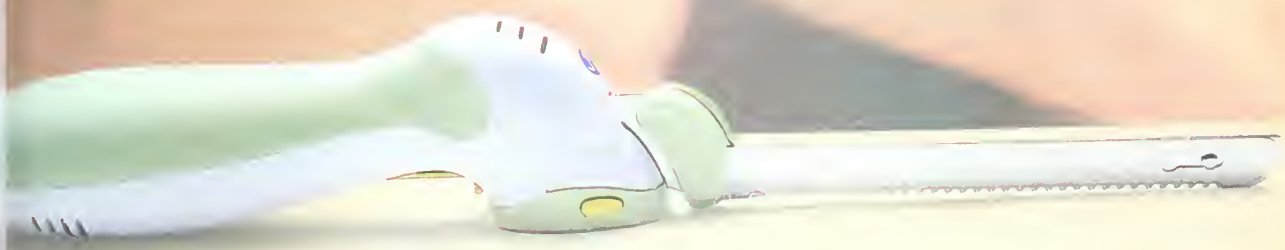
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Official Rules

HOW TO ENTER.
NO PURCHASE NECESSARY TO ENTER OR WIN. Print your name, address, city, state, ZIP code, telephone number and the words needed to complete the phrases listed on the official entry form located on page 177 of this magazine, or print the information and numbered phrases on a piece of paper. For clues to the missing words, refer to the advertisement indicated by the page number identified after each phrase. Enter as often as you wish; each entry must be mailed separately and received by 1/14/00 to: *Ladies' Home Journal* "Best of Today Sweeps," P.O. Box 5161, Unionville, CT 06085-5161. To receive an entry form with the phrases already completed, send a self-addressed stamped envelope to be received by 1/6/00 to: LHJ "Best of Today Sweeps" Completed Entry Form, P.O. Box 5161, Unionville, CT 06087-5988. (Residents of VT need not include return postage.) Only one entry per envelope will be honored. Pre-completed entry forms must be received by 1/14/00 (each in a separate envelope). Mechanically reproduced entries, photocopies or facsimiles of entries are void. Not responsible for lost, late, illegible, postage-due, stolen, misdirected mail or entries. ELIGIBILITY: Sweepstakes open to legal U.S. residents 18 years of age or older, except employees and directors of their respective immediate families and those living in their same households) of parents, subsidiaries and affiliated companies of Meredith Corporation, the advertising and promotion agencies and the advertisers whose brand names appear in the entry form and Project Support Team, Inc. PRIZES: Grand Prize: Trip for four (4) to San Juan, Puerto Rico, consisting of round-trip coach air transportation from nearest major airport to winner's residence and 5 days/4 nights, one-room double-occupancy hotel accommodations (ARV=$3,500). Grand-Prize trip dates are subject to availability and must be taken by 12/31/00. Blackout periods and other travel/accommodations restrictions may apply. Expenses not specified are winner's sole responsibility. In the event a winner cannot take trip within time specified, he or she will forfeit the prize and an alternate winner will be selected in random drawing. (10) First Prizes: Panasonic (model number) VHS Camcorder (ARV=$500); (50) Second Prizes: *Ladies' Home Journal* T-shirt (one size fits all) (ARV=$10). Odds of winning depend on the number of eligible entries received. Estimated circulation for this promotion is 4.5 million. No transfer, assignment, cash redemption, or substitution of prizes except by sponsor due to prize unavailability and for a prize of equal or greater value. JUDGING: Winners will be selected in a random drawing from among all eligible entries received by Project Support Team, Inc., an independent judging organization, on or about 1/19/00. By participating, entrants agree to these official rules and that the decisions of the judges are final and binding in all respects. Winners will be notified by mail. Grand- and First-Prize winners will be required to sign and return an affidavit of eligibility, a liability release and, where legal, a publicity release within 14 days of notification. Noncompliance, or if prize notification or prize is returned as non-deliverable, will result in disqualification and an alternate winner will be selected. Grand-Prize winner's travel companions will be required to sign and return release of liability prior to trip. By accepting prize, winner agrees that Meredith Corporation, the advertisers whose brand names appears in the entry form, their respective parents, subsidiaries, affiliated companies, advertising and promotion agencies, and Project Support Team and their respective officers, directors, employees, representatives and agents shall have no liability and shall be held harmless by winner and travel companion for any damage or loss due in whole or in part, directly or indirectly, by reason of the acceptance, possession, use or misuse of prize or participation in this sweepstakes. Further, by accepting prize, where lawful, winner agrees that Meredith Corporation and those acting under its authority may use winner's name, picture, likeness and/or voice for advertising and promotional purposes without compensation. Taxes, if any, are the sole responsibility of winner. Subject to all federal, state and local laws and regulations. Void where prohibited by law. WINNERS LIST: For a list of prizewinners, send a self-addressed stamped envelope by 1/20/00 to: *Ladies' Home Journal* no. "Best of Today Sweeps" Winners, P.O. Box 5988, Unionville, CT 06087-5988. Sweepstakes promoted and sponsored by Meredith Corporation, 1716 Locust Street, Des Moines, IA 50309.

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Continued from page 152

not to focus on the unusual circumstances of Samantha's birth. Instead, like all good parents, Laurie and Jon concentrated on keeping her safe and healthy.

Samantha now attends a magnet high school from which she'll graduate in the class of 2000. She is extremely bright, testing in the top 1 percent in the nation for math, and is an avid reader and aspiring writer. And she says she feels her unusual origins give her a sense of responsibility for accomplishing something grand.

The dream she's bent on chasing is to take time off before college to travel. "I'd like to learn about life so I can find out what I'm interested in," she says. "I work and I'm saving my money so I'll be able to drive around and see the country I live in. Then I want to go all over the world."

This isn't exactly the scenario her parents had envisioned. Laurie and Jon offered Samantha an array of lessons and activities as she was growing up—tennis, soccer, horseback riding, 4-H, Girl Scouts, the violin. Yet to Laurie's undisguised disappointment, Samantha never really took to any of her extracurricular pursuits. In particular, she "absolutely hated" the violin. That was especially hard for Laurie, who now works for a publishing firm but was teaching violin during Samantha's childhood. She says that Sam was a star pupil.

"I'm a free spirit," says Sam. There is a long pause, then a conciliatory smile for her mother. "I'm a little bit of my mom. What she did to have me—that totally took a lot of courage."

Neither parent can speak for a moment, but their thoughts are written all over their faces. Samantha Steel, this child born of both science and love, has the soul of a maverick, but she most certainly also has the heart of a deeply cherished daughter. ■

GIANT BABY STEPS

More than half of the 1.2 million couples trying to overcome infertility will now succeed. But the high-tech treatments also mean more multiple—and often premature—births.

Fortunately, a two-pound baby born today has a 95 percent chance of survival; twenty years ago, it had about a 10 percent chance.

Here, some advances that experts consider the best of the past decade for improving couples' and babies' odds. —Christine Many

INFERTILITY

INTRACYTOPLASMIC SPERM INJECTION (ICSI) A microsurgical needle is used to inject a single sperm directly into the egg. Three days later, the resulting embryo is inserted into the uterus. This technique is especially promising in cases of weak or insufficient sperm.

BLASTOCYST TRANSFER During in vitro fertilization (IVF), embryos are typically transferred to the uterus when they are two to eight cells large. With blastocyst transfer, embryos are transferred on day five of development when they are eight cells or larger—which is similar to what happens during natural conception. Since doctors know the chosen embryos are developing well, they usually will transfer just two to three. The results are higher pregnancy rates with fewer multiple births.

ASSISTED HATCHING In older women, the eggs' outer covering may become tough, making it more difficult for cell division and implantation into the uterine wall to occur. In this procedure, a hole is made in the egg's covering after IVF to facilitate proper development.

CRYOPRESERVATION In 1984, the first child was born after being frozen as an embryo using this technique. Unlike embryos, which survive for years in cold storage, unfertilized eggs are extremely fragile. More than half of those frozen in any given experiment disintegrate when they are thawed. In late 1997, the first U.S. births from frozen eggs were announced. Freezing eggs when women are young may address the problem of age-related infertility.

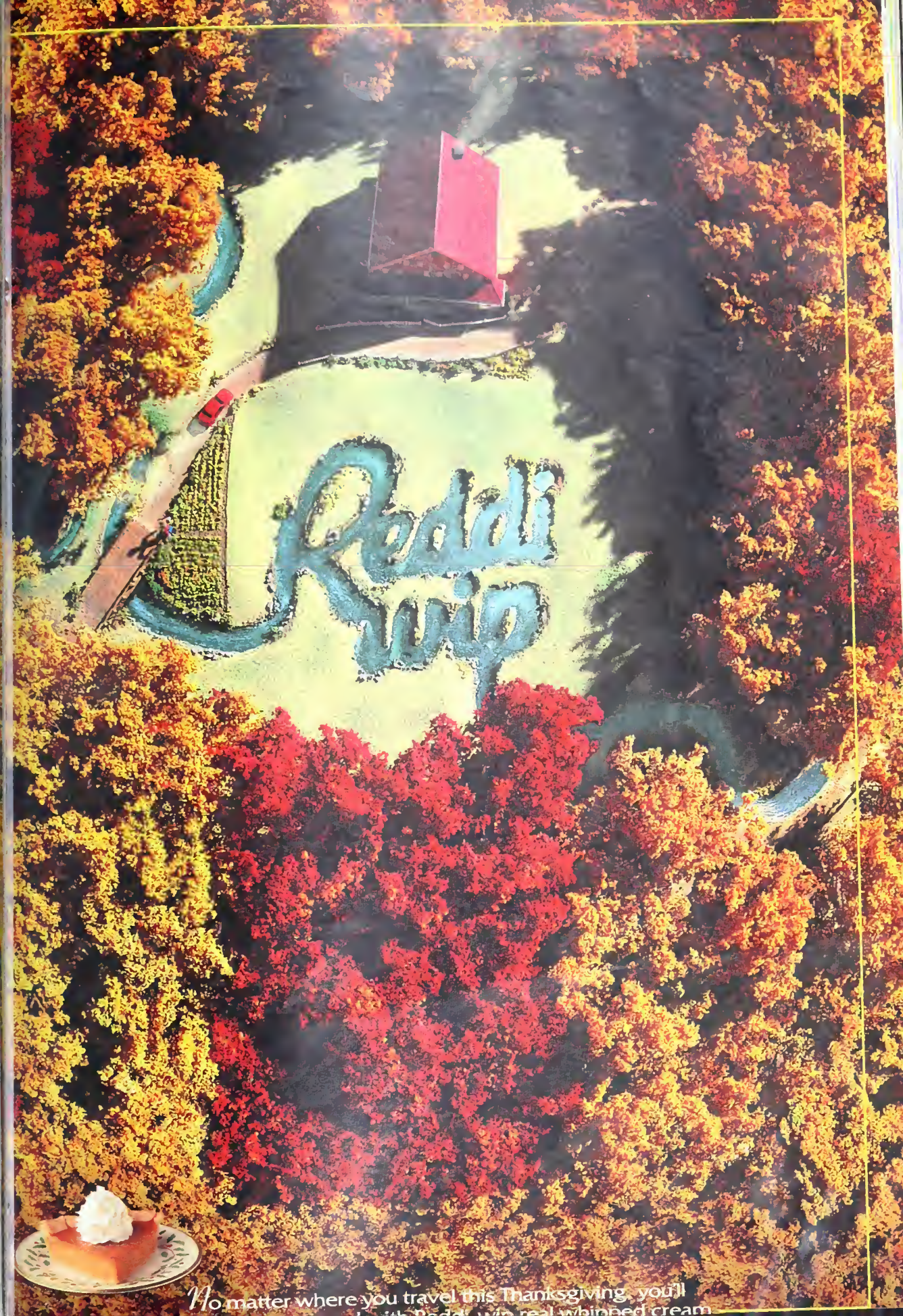
NEONATOLOGY

ARTIFICIAL SURFACTANT Pulmonary problems remain the major factor leading to death in preemies. Since fetuses get their oxygen directly from the mother, if they are born early, their stiff, never-used lungs are difficult to inflate and are prone to collapse, a condition called respiratory distress syndrome. Babies born before the thirty-fourth week have not yet begun to produce surfactant, a natural substance that enables the air sacs in the lungs to open and close easily. Doctors now can deliver artificial surfactant through a breathing tube (which also supplies oxygen), dramatically increasing survival rates.

ARTIFICIAL VENTILATION Neonatal centers are using more sophisticated respirators that can treat tiny premature infants. Other machines have been developed to provide faster ventilation, which can save some of the sickest preemies.

EXTRA-CORPOREAL MEMBRANE OXYGENATION (ECMO) This miniaturized heart/lung machine introduces oxygen directly into the blood and takes carbon dioxide out. It's used for larger preemies who have heart problems.

PRENATAL DIAGNOSIS Fetuses can now undergo sophisticated echo-sonograms and echo-cardiograms, enabling doctors to better detect problems such as congenital heart defects. As a result, preparations can be made, such as getting the mother to an advanced-care hospital and having surgeons waiting when the baby is born. In rare cases, doctors can even perform surgery in the womb.



No matter where you travel this Thanksgiving, you'll

MESSAGES OF LOVE

Continued from page 185

Dear Mr. Reeve:

When I first heard of your accident a part of me felt sad that a superstar like yourself could succumb to such a devastating injury—and another part of me said, "Well, at least it didn't happen to me," and I went on with my life and thought nothing else of it. You see, I had just graduated from Penn State in May and was ready to start my life and achieve the dreams I'd had since childhood.

But a few weeks later in June, at a graduation/birthday party, my friends and I were in a lake cooling off and enjoying the summer sun when the most unthinkable thing happened. I dove off a rock into the water and landed headfirst into another rock. I didn't know what had happened at first, and all I could think of was, "God, please don't let me die like this." Then a hand pulled me up and out of the water and rolled me over. I looked into the sky and everything hit me all at once. My God, I can't feel my legs or arms—and there was extreme pain in my neck.

I broke my neck at the C6 [cervical vertebra] level and am motionless from the chest down. [I suspect] I'm encountering some of the same problems that you are facing. We must deal with them and overcome them. I've found that friendship and the love of others is what we really need. And if a cure for this is out there, we must push forward and work hard until that day comes.

I have been keeping up with your progress and pray that you continue to improve, as I do. In a way I'm glad that this has happened, because it has brought me closer to some things that I might have lost. I hope someday that maybe we can meet. Just like you, I will be walking in the next ten years, or sooner.

I'm twenty-two years old, grew up watching you on the silver screen, and always saw you as a childhood idol. I now see you as a real-life idol and I hope I can feed off your aggressiveness to defeat this. Your crusade against insurance companies is appreciated. Don't give up. I wish you well.

Sincerely,
Steven C. Jurasits III
Saylorsburg, Pennsylvania

Dear Mr. Reeve:

Six years ago the last thing I used my legs for was to hit my brakes. From that night my life changed so much I didn't think I could do it. I received letters like this in the hospital and hated the people who tried to tell me that everything would be okay.

I was in the prime of life—twenty-nine years old—I owned two restaurants, had the best cars, a big house and all the toys.

And in a split-second all that was useless. I went to therapy every day for a year and swore I would beat this. But every injury is different and mine didn't turn out to be a success story. I cried and cried till one day I couldn't cry anymore, and I started to live with it. It's not easy. I still have some bad days, but I found out one thing that most people don't know—I found how to be a whole person. Cars and money were not important anymore. Just being a good person and taking each day the best I could made me happy.

I have become an inspiration for so many people who can run and jump, and I am writing this letter to let you know that it's guys like you and me who have to keep our chins up, to help not only those with disabilities but—even more so—people who are not disabled, so they realize just how good they have it.

There is a happy ending to my story. I now own five restaurants, my two kids have their father with them, and I take time to let them know how much I love them instead of running around like a crazy man all day. Life for me and my wife has gotten more special than ever. I know God will make sense of all this in your mind one day. Until then, work hard at therapy and be strong. It will get better.

Your friend,
Mark Khayat
Wadsworth, Illinois

Dear Christopher Reeve,

Hello, I am in seventh grade at Unionville Middle School. I have always wanted to write to you because when I was little Superman was my hero. To me, you will always be Superman.

I hope very much that this letter might cheer you up, even in the slightest way. You have a lot to be proud of. The most important and significant thing you can be proud of is what you did for children like me. You created a character that I could admire and look up to, as can millions of other young children. You, Superman, can be a hero for children for years to come. And nothing, no accident, can ever take that away.

Your friend,
Kelly Engel
Kennett Square, Pennsylvania
P.S.: Thank you.

11 April 1996

My darling Toph,

This path we are on is unpredictable, mysterious, profoundly challenging, and, yes, even fulfilling. It is a path we chose to embark on together and for all the brambles and obstructions that have come our way of late, I have no regrets. In fact, all of our difficulties have shown me how deeply I love you and how grateful I am that we can follow this path together. Our future will be bright, my darling one, because we have each other—and our young 'uns.

With all my heart and soul I love you,

Dana

The World Honors John-John!

Collectors Race to Get New Postage Stamps Honoring John F. Kennedy Jr.



Conakry, Guinea — The stunning news of the tragic death of John F. Kennedy, Jr. has inspired the world to pay homage to the beloved heir to Camelot. Now collectors are suddenly scrambling to obtain the new Limited Edition Set of 9 Official Postage Stamps commemorating his life.

"Collector demand for these stamps has been unbelievable," stated John Van Emden of the International Collectors Society, distributor of the stamps. "I've never seen such an outpouring of affection and admiration. People are grasping for John F. Kennedy, Jr. memento to cherish for a lifetime. I can't think of any images of John-John that are more poignant, more treasured than his famous salute or of him playing at his father's feet in the Oval Office. Ever since word got out that these unforgettable Kennedy family moments are on official Postage stamps, our phones have been ringing off the hook."

This set of nine government-issued, legal tender stamps is a lasting and loving tribute to John F. Kennedy, Jr. His appeal was universal.

Collectors already predict that these stamps will be the most sought-after tributes of this American Tragedy. "It is fortunate that we have so many warm memories of John, Jr. and his family during much happier times. Fond visions of him with his father, mother, and wife are captured on this landmark postal issue," added Van Emden.

Each stamp is about four times the size of a regular United States postage stamp. They are legal for postage in Guinea and are recognized by every postal authority in the world.

Gotta have 'em? They're available for a short time at $9.95 (plus $3 p&h) for the complete set of nine different stamps, accompanied by an individually numbered Certificate of Authenticity. The most you can buy is six sets. Send your check or money order to ICS, 3600 Crondall Lane, Suite 100LJMJM, Owings Mills, MD 21117. Credit card holders may call toll free 1-800-313-0070.

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Jimmy D

Sausage Chees

2 lbs. (32 oz.) Jimmy De uncooked
1 1/2 cups all-purpose bal biscuit mix
16 oz. Sharp Cheddar ch (or 4 cups shredded
1/2 cup finely chopped o
1/2 cup finely chopped c
1/2 teaspoon garlic pow

Preheat oven to 375°. Sh and mix all ingredients. 1" balls. Bake 15 minut ungreased cookie sheet u brown. Makes about 6 d Sausage cheese balls can uncooked.

For a firmer texture, add 3 cups of baking/biscuit an extra 2 cups shredded to the ingredients listed

Jimmy Dean REGULAR

MESSAGES OF LOVE

Continued

Dear Christopher,

Dinner at that little hotel in Badminton seems a very long time ago. I wish to add to the world's chorus of admiration and respect for your staggering courage, etc. I always thought you were pretty cool. Now I think you're very cool.

Hugh Grant
[actor]

Dear Mr. Christopher Reeve,

You may recall me as the person who introduced you many times to the Japanese participants of the Women's Federation for World Peace (WFWP) International Friendship Conference. In a special expression of their love, the Japanese women of the WFWP handmade 1,000 origami cranes, which is a symbol of hope for complete recovery from illness. I would like to tell you the story of how this tradition began.

A patient who was a victim of the atomic bomb in Hiroshima had to take medicine for the radiation sickness. This medicine was wrapped in small white squares of paper. The patient had to take the medicine once a day. After she finished the medicine, she made an origami crane from each wrapper. It became her wish that each crane would represent another day of life. She began stringing the cranes into long streamers, which she hung from the ceiling, representing her wish for long life. So the doctors told her, "If you finish one thousand rounds of this bitter medicine, you can live." It became her goal to complete 1,000 cranes.

This patient inspired a tradition in Japan. When we want to express our deepest wishes for someone's health and long life, we make 1,000 cranes. For this reason, we have made 1,000 cranes for you, to symbolize your complete recovery and long life. You are always in our prayers. May God be with you and your family.

Sincerely,
Tomiko Duggan, and all your friends in WFWP
Washington, D.C.

DANA AND CHRIS REEVE

Continued from page 182

into something beautiful. And D has spied yet another silver lining the black cloud that suddenly scended on the Reeve family wh Chris's horseback-riding accident r dered him a ventilator-depend quadriplegic on May 27, 1995. *Packages* (Random House) is a com lation of the inspiring correspond sent after the tragedy.

"The letters became like tools, resources," says Dana. "Emotional practical." Well, maybe not all so pr tical. Among the things sent to C were a model plane made of beer ca and an enormous pair of pink und pants. "I remember this guy sent a p ture of himself skydiving on the co of a newsletter," says Dana. "And a quadriplegic on a vent! When I this I just thought, Here's a guy wh not going to let anything stop him."

Strangers and celebrities al reached out to Chris. Unfortunate one of the letters that got misplac

dispatch from Princess Diana had been invited to England for *...erman* premiere, and he and Di...nced together at the party," says ...She wrote, *I'll always remember ... with you, and I hope someday ...me together again. If anyone can do ...an.*"

...Dana, the ...t surprise ...ne accident ... her own ...th. "Chris ... years older ...ne and in ... ways *he* ... care of ...says Dana. ...n he was ...rtalized. ...nly I was ...arge. He's ...y mentor ...any ways, ...hat's nice ...rew up in ...ves, too. I ...ne his equal ... more pro... way than ... before. ... he comes ...ne for as ... advice as ... to him. ... created a ...ger partner... and deep... a bond."

...ne change in ... relationship ...ad obvious ...efits. Al...igh Chris ... hospitalized ...en times his ... year home, ...as not re...ied for an ...night stay in almost two years. ...ris's health is excellent," says ...a. "He gets infections, but they are ...r and fewer." Every day Chris fo...s on keeping his body fit, so when ...nce catches up with his will to ...k, his muscles will be ready. His ...apies include riding a stationary bike, which ... supported ... that the spinal ... it knows ... ulus," explains Dana. ... husband's first actual ...

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walks for an hour. It's good for his circulation, his skin, his bones, and is incredibly good for him mentally."

Initially, Chris vowed that he would walk on his own again by his fiftieth birthday, which is now only four years away. Dana's own hopes are more conservative. "Frankly, I would love it ... bike, which ... muscles ... which ... supported ... that the spinal ... it knows ... ulus," explains ... husband's first actual ...

...Dana. ...t surprise ...ne accident ... her own ...th. "Chris ... years older ...ne and in ... ways *he* ... care of ...says Dana. ...n he was ...rtalized. ...nly I was ...arge. He's ...y mentor ...any ways, ...hat's nice ...rew up in ...ves, too. I ...ne his equal ... more pro... way than ... before. ... he comes ...ne for as ... advice as ... to him. ... created a ...ger partner... and deep... a bond."

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to his father's condition, although Dana has noticed that he is particularly attached to her these days. "There are still times when he has real separation anxiety, and wants me around," she explains. Chris's nineteen-year-old son, Matthew, a sophomore at Brown, and daughter, Alexandra, a sixteen-year-old high-school junior who lives in London with their mother, Gae Exton, visit often.

Surprisingly, the Reeves have not reacted by becoming overprotective parents. "I don't like Will on trampolines, and he knows not to dive into water that he doesn't know the depth of," says Dana. "But life is full of risks, and you don't want to raise someone who's afraid of taking risks, either physically or emotionally." Both of them encourage Will to keep up with organized sports, like hockey. "The more skilled you become at something, the safer you are," she says. In fact, sports is one of the greatest bonds between father and son. "They love to go to hockey and baseball games together."

But while life is busy and happy for the family, their health insurance is slowly dwindling away. Chris's primary insurance policy was depleted within three years. "We are on our secondary insurance, but that is going to run out too, because it costs four hundred thousand dollars a year to keep Chris just status quo. The majority of that is covered by insurance, and the rest we cover ourselves," she says. "If there was a time when Chris wasn't making an income, we would really have to worry."

Chris is out on the lecture circuit, where he earns $60,000 a speech, and he is set to direct a romantic comedy, *Heartbreaker*, this fall. He also works as a full-time advocate. Chris helped get bills passed so that a portion of the fines for traffic violations in New York and New Jersey are now spent on spinal cord research, and he's currently supporting similar legislation in California. He also urged Congress to increase funding for biomedical research by $2 billion at the National Institutes of Health.

Ironically, Dana's acting career has practically been on hold. "The one downside is that people perceive me as way older than I am," says Dana. "I used to audition for sexier roles, and then suddenly I'm only called to play the beleaguered wife. I said to my agent, 'Tell people I'm younger than Meg Ryan!'" However, Dana's empathetic and friendly appeal has not been lost on TV producers. "There's been a lot of interest for me to do a morning talk show, like a *Good Morning America* kind of thing," she says.

Dana's real love is singing on the stage. "After Chris's accident, I stopped everything for about a year," she says. Then she got a call for a part in a local Shakespearean play. "When I first went to rehearsals, I was calling home every couple of hours. I was a wreck. And then, slowly but surely, it was like some rusty old pipe inside of me was getting cleared out the more I sang. It's like therapy. I always really enjoyed it, but now I really need it."

Funny how the necessary things in life have a way of pursuing us, even if the timing isn't perfect. Take, for example, the first issue Dana and Chris ever used to argue about—marriage. "When we were dating, there was a point where we started fighting, because I wanted to be in a relationship that was working toward marriage, and Chris was unable to get there," she explains. "We broke up for a while. I was miserable without him, and he was miserable without me." Dana encouraged Chris to go into therapy, and a few months later he asked for her hand. "After we got married, every day for the first year, he said, 'God, I love being married! Why didn't we do this before?'" she says.

The key to happiness, both Dana and Chris have learned, is accepting life on its own terms. "You have to be willing to let go of the old dreams, and redefine them, and then you really are much happier," she says. "You can mourn and grieve, but if you get stuck on 'I wish it was this way,' you can never move forward. And it's so much more pleasant if you can move forward," says Dana. "You can really enjoy your life." ■

Melina Gerosa is a senior editor covering entertainment at Ladies' Home Journal.

If you would like to make a donation or find out more information, contact Christopher Reeve Paralysis Foundation, www.christopherreeve.org, 800-225-0292.

LHJ BOOK BAG



Care Packages by Dana Reeve is a collection of heartwarming, humorous and inspirational letters that her husband received after his accident. This 160-page hardcover book is available by special arrangement with Random House and sells for $25.



Christopher Reeve fans will enjoy this paperback book/video package. Still Me is a 309-page autobiography of his dazzling years as a theater actor and movie star, his struggle with the accident and his battle to rebuild his life. In the Gloaming is a touching film that Reeve directed about an imperfect family and how they cope with tragedy. This highly acclaimed movie by HBO stars Glenn Close, Bridget Fonda and Whoopi Goldberg. This package sells for $29.95.

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t Fascinating Woman Sweepstakes

Continued from page 39

Official Rules

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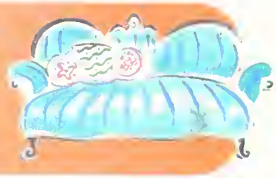
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His Mother Is DRIVING YOU CRAZY...

She's always right there in the middle of things, telling you what to do, trying to run your life. How to get her to back off without starting a serious family fight? By Pamela Redmond Satran

START HERE: Your mother-in-law thinks you should get a new sofa. Quit your job. Whack the kids when they whine. And you don't want to hear about it anymore.



To keep the peace, you smile and say nothing.

That's it! You completely lose it.





The meddling escalates.

You try talking to her calmly and directly about what's bothering you.

Your mother-in-law bursts into tears.

She completely loses it.

Your mother-in-law promises to try harder not to butt in.



You keep smiling—and make plans to move to Pittsburgh.

Thanksgiving is a nightmare, with your mother-in-law attempting to control everything from the ingredients in the stuffing to the table manners of the children.



In a goodwill gesture, you invite her to Thanksgiving dinner.

You tell your husband he's got to handle it.

Your husband wimps out—and you turn on him.

Your husband confronts her—and his entire family turns on you.



Repression= Migraines

Cease fire. Laugh off everything that's wrong with her. Embrace the rest, however skimpy. Realize that making friends with his mom is the only way to change the eternal score from Mother-in-Law, 1; You, 0.

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On the Cover

34 HOME NEWS A bountiful wreath is just the thing to adorn your door for the holidays—and the style options go far beyond the basic greens with red bow.

36 "I WANT TO LOOK GREAT ON NEW YEAR'S EVE" Five women choose their favorite looks for the celebration of the century—and then their husbands weigh in with their picks, too. By Lois Joy Johnson

88 A SIMPLE PLAN After four years of chaotic Christmases, the author's family discovered the secrets to a stress-free holiday season. By Holly Robinson

98 TEN TOYS UNDER $20 Terrific toys kids will love—that won't break the bank. By Sarah Smith

114 MIND/SPIRIT: TRADITIONS THAT INSPIRE You told us your favorite family rituals, from dinners together to little everyday acts of love.

156 12 DAYS OF COOKIES We peeked in cookie jars far and wide to assemble this ultimate sampler of sweets.

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136 CELEBRATING WITH THE SEPTUPLETS This Christmas, as they count their blessings, Bobbi and Kenny McCaughey talk about raising their eight children—and the challenges that lie ahead. By Kathryn Casey

142 CHRISTMAS AT THE WHITE HOUSE In this exclusive excerpt from her upcoming book, the First Lady shows how they deck the halls and make Christmas merry at America's most famous home. By Hillary Rodham Clinton

146 A CHRISTMAS STORY *The Christmas Box* author Richard Paul Evans shows us how he and his family ring in the holiday. Produced by Kimberlie A. Waugh

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68 KIDS IN CRISIS Small patients, big illnesses—inspiring stories from three top children's hospitals. By Ronny Frishman

116 THE BINGE GENERATION Growing numbers of kids across the country are going on wild drinking sprees—and putting their lives at risk. By Andrea Rock

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28 FIRST PERSON DOUBLE TAKE This woman, her twin sister, and their own sets of twins may have you seeing double. By Jane Bragg, as told to Andrea Gross

54 REAL SOLUTIONS WE LOST THAT LOVIN' FEELING These three women brought new passion to their marriages in surprising ways. By Leah Eckberg Feldman

109 REAL MEN DON'T SHOP Why don't some men seem to have a clue when it comes to buying the right gift for the women they love? By Brian Alexander

124 YOUR MAN The dangers of shoveling snow; men tell of the best presents they ever received.

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84 Q&A: TIM ALLEN TIME After eight seasons as *Home Improvement*'s Tool Man, the star is busy hammering out a new life. By Lawrence Grobel

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170 THE PERFECT HOLIDAY COFFEE CAKE This gorgeous cake is a yummy treat Christmas morning.

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180 IN SEASON: BUBBLY Say cheers to the new century with a festive champagne toast. These three cocktails help you celebrate in style.

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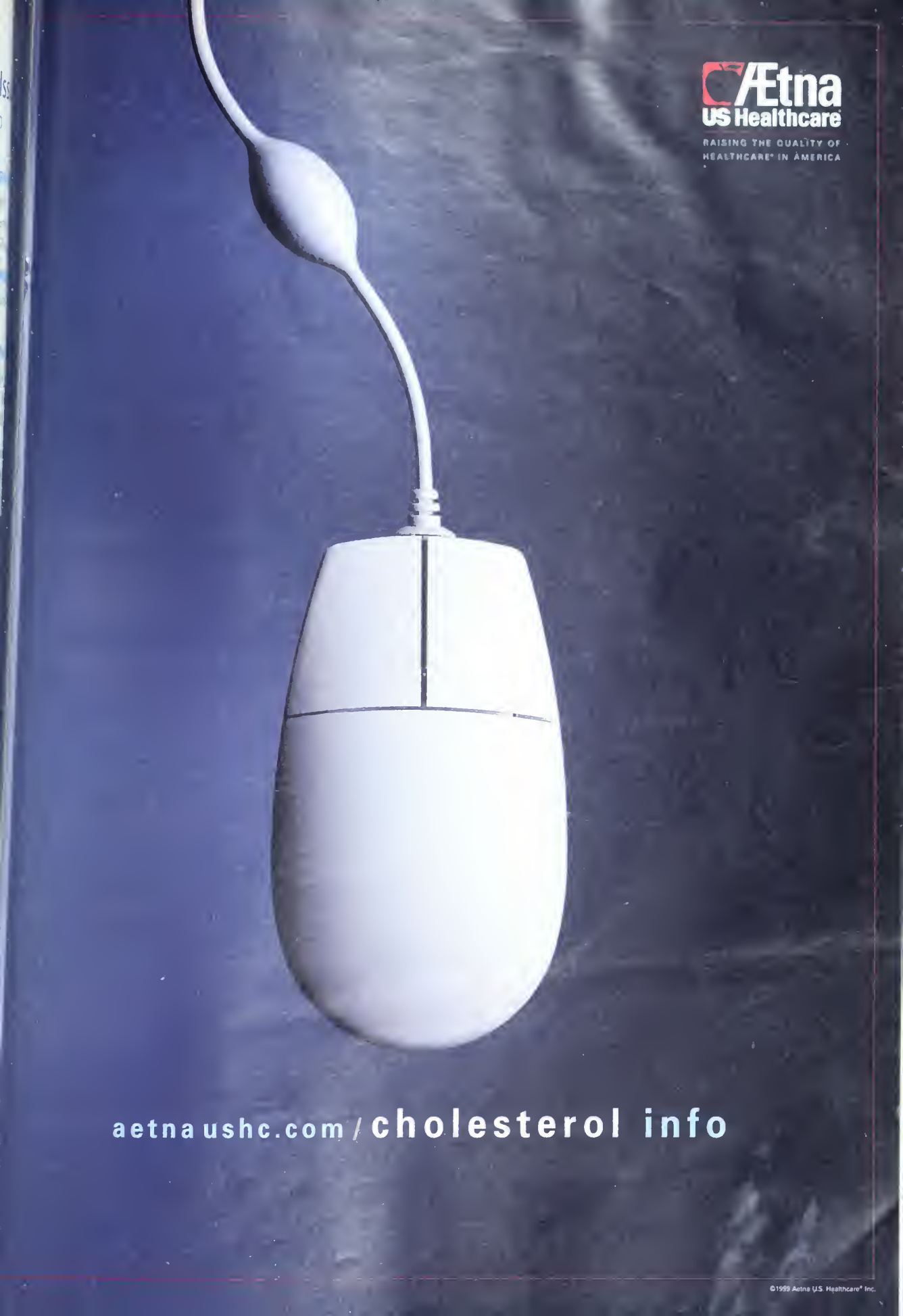
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LADIES' HOME JOURNAL

DATE: 12/99
FROM: Myrna Blyth
RE: Happy Holidays

Celebrating with extraordinary families . . . and mind-boggling predictions of things to come



A century ago, *Ladies' Home Journal* published an article called "What May Happen in the Next Hundred Years." To write the feature, the author consulted with "the wisest and most careful men in our greatest institutions of science and learning." Many of the predictions for the twentieth century reported in that piece were remarkably accurate. In this issue we've asked some of today's brightest men—and women—to share some predictions for the next century. I think you'll find them eye-opening, and I just bet the editor of LHJ one hundred years from now will be admiring their accuracy!

In this last issue of the nineties, we thought it was only appropriate to spend the holidays in some of the most interesting homes in America. That's why we're sharing the season with the President and First Lady at the White House. We're also going to Salt Lake City to make merry with Richard Paul Evans, the author of *The Christmas Box*, and his adorable family. And, of course, it's time to pay a visit to Bobbi, Kenny, Mikayla and the McCaughey septuplets in Iowa. They're all fascinating families who join us in wishing your family the happiest of holidays.

See How They Grow

Don't you like looking at pictures from the past at the holidays? Well, so do we: From the Journal photo album, a peek at the McCaughey septuplets at six months, and as they celebrated their first Christmas at home





SOUND BITES

"We still bake cookies and sing carols. We unpack all our ornaments, and, as Bill hangs them on our tree, we retell the story behind each one."

—Hillary Rodham Clinton, "Christmas at the White House," page 142

"Of all the drugs parents need to be concerned about, alcohol outweighs [them] all."

—"The Binge Generation," page 116

"We could be upset that some of our children have special needs or be grateful for all they can do today that they couldn't do yesterday."

—Bobbi McCaughey, "Celebrating with the Septuplets," page 136



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KATHRYN CASEY

OCCUPATION: LHJ contributing editor
ASSIGNMENT: To report "Celebrating with the Septuplets" (page 136), her third visit with the McCaughey family.
AFTER THOUGHTS: "It's amazing what little individuals the kids are turning out to be," she says. "Seven toddlers, seven different laughs."

"I can usually avoid overeating at parties—if I tell myself I'm saving room for dessert"
—Nutritionist Mindy Hermann, our expert adviser in "Holiday-Tested Bulge Busters" (page 48)





BRIAN ALEXANDER

"When it comes to buying gifts for my wife, I have great intentions," says Alexander, who sorts out men's shopping styles in "Real Men Don't Shop" (page 109). "I like to have a gift in mind before I set out, but then I wait until Christmas Eve, so if I can't find it, I'm in trouble. Women everywhere, please remember: We *do* try."

TRIA GIOVAN

ASSIGNMENT: To photograph how *The Christmas Box* author, Richard Paul Evans ("A Christmas Story," page 146), and his family celebrate the holidays.
CHALLENGE: "I was concerned we'd feel we were imposing, taking photos of a private family event."
SAVING GRACE: "The entire Evans family was extremely welcoming."





"The compassion is amazing. Children come first, but the entire family is important"
—Ronny Frishman, author of "Kids in Crisis" (page 68), on the staff at hospitals that specialize in treating children

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"My Best Friend Is Coming **BETWEEN** Us"

THIS MONTH'S CASE:

BEVERLY accused **MARK** of neglecting her, but he suspected that the seeds of doubt were actually being planted by her friend Debra. What happens when a wife shares too much? **By Margery D. Rosen**

BEVERLY'S TURN

"Mark doesn't really care about me," announced Beverly, forty-two. "A few weeks ago, I slipped in the bathroom and hit my head hard. Mark called his doctor, gave me a couple of aspirin—and then went back to the family room to read the paper as if nothing had happened!

"The next day, my good friend Debra called. I can always count on her for good advice. When I told her about the accident, she immediately rushed over to console me. 'You mean Mark didn't take you to the emergency room?' she said. Then she scolded him: 'You were just lucky Bev didn't have a concussion.' Suppose I *were* seriously hurt? Could I rely on my husband to take care of me?

"I certainly can't count on him when it comes to little things. Last Christmas, he bought me a cashmere sweater, even though I'd been hinting about a certain gold necklace for weeks. When I showed the sweater to Debra, she said, 'It's very pretty, but why didn't Mark give you what you really wanted?' I didn't have an answer for that.

"No man in my life has ever looked out for me. My father was always distant. I loved my mother dearly, but she died when I was young, from a sexually transmitted disease that had gone untreated and infected her brain.

"At my father's insistence, I became a teacher. When I was twenty-two, I met my first husband, a professional tennis player, during a vacation in Florida. But my father never approved of Gary, and shortly after I married, my dad cut me out of his will.

"My marriage was a sham almost from the beginning; Gary was an alcoholic who neglected me, though he was good to our son, Jeffrey. Once Jeffrey started high school, we divorced.

"For the next few months, I carried on as best I could, seeing friends and keeping busy. I enjoyed going to the gym, too—and that's where Mark and I met. The next thing I knew, I was in love. He has a seventeen-year-old daughter from his first marriage, and I liked her, too. After *(continued on page 16)*

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THE MOST POPULAR, most enduring women's magazine feature in the world. This month's case is based on interviews and information from the files of Susan Heitler, Ph.D., a psychologist in Denver and the author of The Power of Two: Secrets to a Strong & Loving Marriage (New Harbinger Publications, 1997). The story told here is true, although names and other details have been changed to conceal identities.

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"I can tell Debra anything," Beverly said. "If not for her, I would never have known Mark was taking advantage of me"

(continued from page 12) dating for about a year, Mark and I married in a small private ceremony.

"Then I learned what kind of man Mark really is. In addition to being the stereotypical absentminded professor, he's a procrastinator. He promises to do things, then forgets about them—everything from taking our clothes to the dry cleaners to filing our taxes on time.

"I'll rush home to prepare dinner so it'll be ready when Mark gets in, only to have him arrive hours late, without even a phone call. The worst part is, I simply can't talk to him. The moment I open my mouth, he gets a glazed-over look in his eyes.

"My friends aren't good enough for him, either. When I tell him I want to go out with one of them, it's clear he disapproves. He's never gotten along with Debra, which hurts me because I'm so close to her.

"Debra and I can tell each other anything, and we have a lot in common—she's in her second marriage, too. If it hadn't been for her, I never would have realized that Mark was taking advantage of me. A few weeks before our wedding, he wanted me to sign a prenuptial agreement. I was so in love with him that I said 'Fine.'

"When I told Debra about the agreement, she was horrified. 'If anyone had asked me to sign a prenup, I would have kicked him out!' she told me. 'What are you going to be left with if you and Mark split up?'

"The next day at breakfast, I told Mark point-blank, 'If you don't get that agreement revised, this marriage is over.'

"I feel foolish and cheated. It's not easy to admit that I made another mistake. But if Mark doesn't want to make this a marriage of equals, then it's time to end it."



MARK'S TURN

"What is this woman talking about?" said Mark. The tall, distinguished forty-nine-year-old professor shook his head in bafflement. "I knew something had been bothering Bev—she had been cross and snappish lately—but I had no idea she was questioning the very basis of our relationship.

"Bev blows so many things out of proportion. Take the prenuptial agreement: I had it drawn up on the suggestion of a married couple who are good friends of mine. They're both lawyers, and they said that a simple agreement is standard practice in a second marriage when children and assets are involved. In fact, the contract protects her son as well as my daughter, Cassie. All these accusations are coming out of left field.

"I know who's behind all this, though—that nosy Debra. Every time those two get together, my wife returns with some new complaint against me. It would be a lot more productive if she came to me first with her concerns. Instead, she rushes off to this so-called friend who loves nothing better than to stir up crises in other people's lives. I like Beverly's other friends, though, and it's fine with me when she spends time with them.

"I've never been as popular as my wife. I'm terribly shy, perhaps because I was an only child. My father was in securities—a brilliant, serious, driven man, and very uncomfortable, I think, with little children. My mother was from a good New England family, and climbing the social ladder was important to her.

"I did well enough at boarding school to get into Princeton, where I practically flunked out my first year because I wasn't studying hard enough. Then I realized how much I loved history. That helped me focus, and I made the dean's list every semester after that.

"I met my first wife, June, in graduate school. We married and had Cassie almost immediately. But the marriage was doomed from the start; we were both too young and immature to make that kind of commitment.

"After my divorce, I concentrated on my work and dated occasionally. I'd noticed Beverly at the athletic club for months before I met her. Going over to (continued)


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(continued) talk to her that day was totally out of character, but I'm glad I did; I found her delightful. With Bev, I felt I had a friend and a renewed purpose in life.

"But now, I just don't understand her behavior. Why does Beverly take everything personally? Why does she exaggerate so much? Of course, I was concerned when she hit her head in the bathroom, but my doctor, who's treated me for years, assured me that her injury didn't sound serious. He told me to wake Bev every hour or two during the night to check on her, but as long as she didn't feel dizzy, nauseated or faint, she'd be fine with a little rest. I tucked her into bed, and then left the room so she could nap in peace. I wasn't abandoning her.

"Beverly never said a word about the way I handl things—until Debra came over and chewed me out f not rushing her to the hospital. Do you think my wi would have given this incident a second thought if th woman hadn't planted all these crazy ideas in her head?

"I had no idea that Beverly had her eye on a necklac for Christmas, either. I got her the sweater because sh looks lovely in blue. She's always seeing dark intentio in everything. Okay, I'll admit she does have a poi about my procrastination. But I don't do it to annoy Be and it has nothing to do with my love for her.

"Maybe you can help my wife stop thinking of me this evil guy who's out to get her."

"Beverly stopped confiding in Debra. 'She's not happy,' Beverly admitted. 'But I talk to Mark now, and he's all I need'"

THE COUNSELOR'S TURN

"These two were reinforcing each other's deepest fears," said the counselor. "Beverly was convinced she had stepped into a second unsupportive marriage. Mark felt hurt that she doubted his intentions.

"As a little girl, Beverly had never felt loved, nor had she been given the nurturing and sense of safety that allows a child to trust in herself and in others. Beverly's fears led her to imagine the worst, magnifying the smallest incidents. In order to heal herself and her marriage, Beverly had to stop behaving like a victim.



"Mark wanted very much to be a responsible, loving husband, but with no clear idea of what Beverly wanted, he didn't know how to please her. Shy and bookish, he was afraid of conflict, so he avoided sensitive topics or else became defensive instead of asking his wife to share her concerns.

"The turning point for Beverly came after an incident with the contractor who was renovating their bathroom. 'This man is so lazy,' she snapped. 'Hasn't it occurred to him that we might like to use that bathroom?'

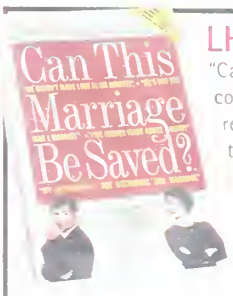
"I asked Beverly, 'Have you told him that? Did you agree on a deadline?' She admitted that she hadn't. 'Well, he may have thought everything was fine—just as Mark did before you spoke up about the prenuptial agreement,' I pointed out. 'You'll notice a big difference if you explain what you'd like to see happen.' Beverly went back to the contractor and negotiated a completion date.

"She started talking to Mark in the same focused way: 'I need my suit picked up from the dry cleaner before Wednesday,' or 'See that gold necklace? That's what I'd really like for Christmas this year.' She was pleasantly surprised at how agreeable her husband was.

"Because Beverly felt that Mark was tuning her out, I suggested that he show her more explicit signals that he was listening by following up with a question or even simply by nodding when she spoke. The couple slowly gained the skills they needed to talk cooperatively about the prenuptial agreement, and had their lawyer amend the contract in a way that made them both feel comfortable.

"Finally, we discussed Debra, who clearly was putting doubts in Beverly's mind about Mark. 'When you're not sure what to think, it's tempting to turn to a friend for advice,' I said. 'The trouble is, she sees only one part of the picture—your perspective—and her advice may be skewed by her own experiences.'

"Realizing this, Beverly stopped confiding as much in Debra. 'She's not happy about that,' Beverly said at one of our last sessions. 'But I talk to Mark now, and he's all I need. Besides, knowing Debra, I'm sure it won't be long before she finds somebody else to gossip with!'" ■



LHJ BOOK BAG

"Can This Marriage Be Saved?" has been compiled in a book containing stories of real-life couples in distress and their efforts to overcome their problems. The 352-page softcover book is offered by a special arrangement with Workman Publishing. To order, send a check or money order for $15.95 per book to Ladies' Home Journal® Resources, Dept. L1299, P.O. Box 9381, Des Moines, IA 50306-9381. To use your Visa, MasterCard or Discover Card, call 800-763-6393. (Price includes shipping, handling and applicable sales tax.) Specify book title.









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FOLLOW-UP: KITTY COURAGE

Almost four years ago, Scarlett, a Brooklyn, New York, street cat, made worldwide headlines when she risked her life to rescue her five kittens from a burning garage. When firefighter David Giannelli arrived on the scene he found the kittens cuddled together, with Scarlett, her eyes and body badly burned, nearby. "I was almost in tears looking at her," he says.

The story of the courageous cat quickly spread, and more than a thousand people offered to adopt the feline family. Today, the kittens live on Long Island, while Scarlett resides quietly in Manhattan. She receives cards and cat toys from her offspring, but no family reunion is planned. Scarlett, says owner Karen Wellen, is "very happy living without any other animals." —Carin Gorrell





Today, Scarlett has healed from her injuries. Sadly, one of her kittens died from an infection

AMERICAN SNAPSHOT: MAKING MERRY

'Tis the season for celebrating—not to mention shopping and decorating. What are your favorite—and least favorite—holiday rituals? Here's what you told us:

Sorry, Santa. When it comes to Christmas traditions, touring decorated neighborhoods is the first choice of 32 percent of respondents to the LHJ holiday poll, while taking the kids to see Old St. Nick got just 4 percent of the vote. Other top activities: opening presents and attending Christmas Eve services.

We love to get them, but can't stand sending them—Christmas cards, that is. Twenty-seven percent of us say writing holiday notes is the season's worst chore, followed by shopping, wrapping and entertaining.

Most Americans plan to spend $500 to $1,000 on gifts this holiday season. For most, that's about the same as they spent last year.

CALENDAR

December 2 Fifty years ago today, Gene Autry's "Rudolph, the Red-Nosed Reindeer" hit the charts. But the reindeer with the prominent proboscis has earlier origins. Ten years before, he was the subject of a poem written by a Montgomery Ward employee as a sales gimmick.

December 6 The Boring Institute and its founder, Alan Caruba, will announce the sixteenth annual list of "The Most Boring Celebrities of the Year." Celebs are chosen on the basis of "massive media overexposure," says Caruba, who notes that engaging in "totally foolish behavior" gives contestants an edge. Last year's winners included Bill Clinton and the Spice Girls. Check who's tops in 1999 at *www.boringinstitute.com*

December 11 Happy birthday, UNICEF! Since 1946, the United Nations Children's Fund has worked to meet the health and education needs of children around the world. Support them by buying their holiday cards (proceeds from the sale of one card can buy enough medicine to treat a child with tuberculosis for two weeks). Call 800-367-5437 to order a catalog. —Alison Calabia

NEVER UNDERESTIMATE THE POWER OF A WOMAN



Barbara Harris has always been a rule-breaker. When she was ordained an assistant bishop of the Episcopal Church in 1989, she shattered a two-thousand-year-old belief among the three major branches of Christianity that women could not be considered successors to Jesus' apostles. Her religious background was equally unorthodox—she was a divorced businesswoman with no formal seminary training. Nonetheless, says Harris, now sixty-nine, "I've had an active ministry all my life," as a champion of social and economic justice in her hometown of Philadelphia.

Despite continued opposition, Harris is still fighting hard to win a more active role for women in the church. "If Jesus had played it safe, we would not be safe," she points out.

Holiday Movie Chooser

THE PICK OF THE FLICKS COMING TO A BIG SCREEN NEAR YOU THIS CHRISTMAS SEASON:



IF YOU LIKED: *The First Wives Club*
YOU'LL LOVE: HANGING UP In this tearjerker, Diane Keaton, Meg Ryan and Lisa Kudrow play sisters coping with sibling rivalry (Dec. 25).

IF YOU LIKED: *To Kill a Mockingbird*
YOU'LL LOVE: SNOW FALLING ON CEDARS Ethan Hawke portrays a newspaperman in this murder mystery/love story (Dec. 22).

IF YOU LIKED: *Raging Bull*
YOU'LL LOVE: THE HURRICANE A courtroom drama starring Denzel Washington about a boxer wrongly accused of murder (Dec. 29).

IF YOU LIKED: *One Flew Over the Cuckoo's Nest*
YOU'LL LOVE: GIRL, INTERRUPTED A heavy drama with Winona Ryder and Angelina Jolie playing mental institution patients (Dec. 21).

IF YOU LIKED: *The English Patient*
YOU'LL LOVE: THE TALENTED MR. RIPLEY Matt Damon is the title character, who murders a friend and assumes his identity (Dec. 24).

JUST WONDERING

We were curious: With millions of Web sites available, where do Web techies most like to go?

"I like cnet.com for its reliable tech information, epicurious.com for the recipes, and hamsterdance.com for a good laugh."
—Mary Furlong, founder of ThirdAge.com, an interactive resource targeting people age 45+

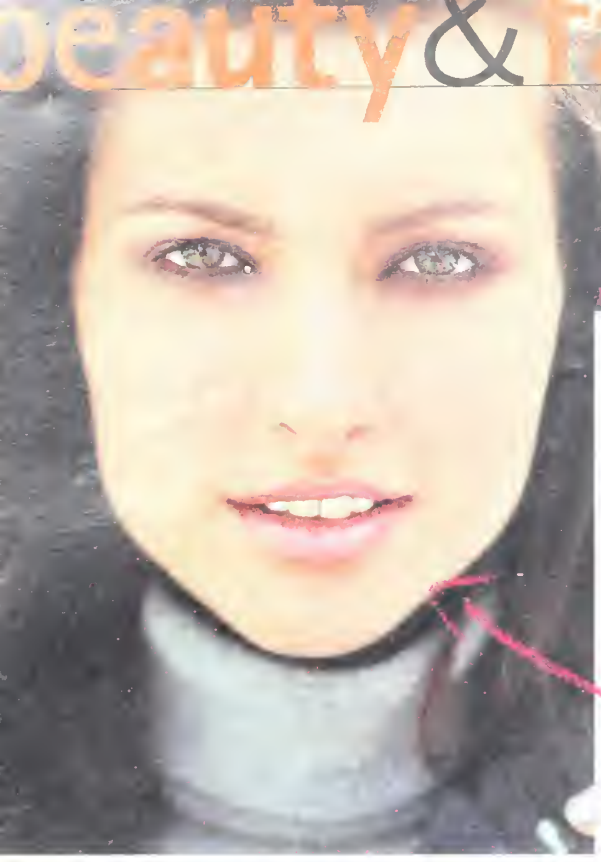
"estherdyson.com. I'm interim chairman of the corporation that oversees domain names, and this site was put up by someone trying to annoy me. But I like the site because the owner is exercising his right to free speech, and I support that!"
—Esther Dyson, Chairman of EDventure Holdings, a new media firm

"cookexpress.com sends you ingredients, everything sliced and diced, plus the recipe for a great meal super-fast."
—Penny Finnie, executive producer at the search engine Ask Jeeves

"www.screenit.com allows parents to find out why movies got the ratings they did. Was it the four curse words or the three murders?"
—Parry Aftab, specialist in Internet law

—Sarah Smith and Liz Ozaist


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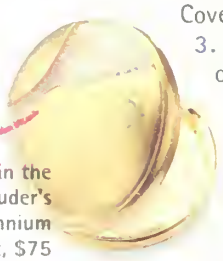


MORE BEAUTY, LESS EFFORT

BEST FACE FORWARD

A breakout right before you're party-bound is practically inevitable. But you can fake flawless skin with this camouflage technique from Max Factor movie makeup artist Ronnie Specter, who did Michelle Pfeiffer's makeup in *The Story of Us*.

1. Apply a tiny bit of mattifying fluid, such as SmashBox Anti-Shine, to dry the blemish.
2. Even out your skin tone with dual-finish powder foundation, then go back over the blemish with a cream concealer, such as Max Factor Erace Secret Cover-Up.
3. Dab a damp sponge onto the foundation, then tap it on top of the blemish, blending the edges seamlessly.
4. Brush translucent pressed powder over your entire face.



Take cover and get in the spirit with Estée Lauder's refillable Golden Millennium Pressed Powder Compact, $75

ON TREND

worldwide wardrobe

WE ALL KNOW THAT "WINDOW-SHOPPING" CAN JUST AS EASILY MEAN SURFING THE NET AS STROLLING THE MALL. AND IF YOU'RE INTO SERIOUS TREND-SPOTTING, YOU'LL WANT TO CHECK OUT TWO NEW FASHION AND HOME-DECOR WEB SITES—*ASSEENIN.COM* AND *TVSTYLE.COM*—THAT FEATURE THE HIP CLOTHING WORN BY TV STARS ON THEIR SHOWS' RECENT EPISODES. YOU CAN EITHER BUY THE CLOTHES ONLINE OR FIND MANUFACTURERS AND STORES THAT CARRY THEM. CLICK ON!

NO PROBLEM

GET YOUR BEAUTY ZZZZ . . .

If the holiday season—not to mention your usual everyday juggling act—has you feeling and looking just plain exhausted, try these strategies to relax:

- First, create a bedtime routine—go to sleep at the same time each night, keep your room cool and snuggle up with the same familiar pillow.
- Use the powers of aromatherapy to lull you to sleep. Certain botanicals, including lavender, chamomile and neroli, have a soothing effect. Try Origins Resume The Position Back-To-Sleep Bedside Diffuser.
- Cover up with an eye pillow filled with buckwheat hulls. Rest it temple to temple to block light and alleviate tension. The Body Shop's Lavender + Peppermint Eye Pillow also imparts calming aromatherapy benefits.

CELEB PICK



CATHERINE ZETA-JONES

Get ready to rendezvous under the mistletoe by exfoliating lips with a warm wet washcloth, then slathering on lip conditioner. Catherine Zeta-Jones, Hollywood's latest It Girl, swears by Kiss My Face Lip Balm to help her pucker up softly. The all-natural stick comes in six good-enough-to-eat flavors, including Catherine's favorite, spearmint.



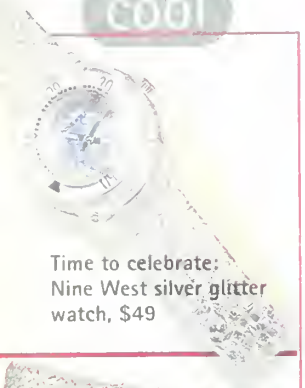


The festive dress of wine. Rich satin, delicately patterned. Plunging back, sheer

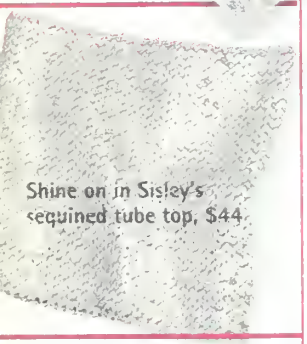
WRAP 'EM UP

We scouted these irresistible fashion treats to help whittle your holiday gift list
They all ring in with style to spare—you'll want to snatch one up for yourself, to

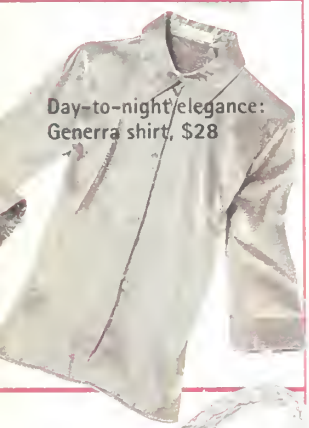
cool



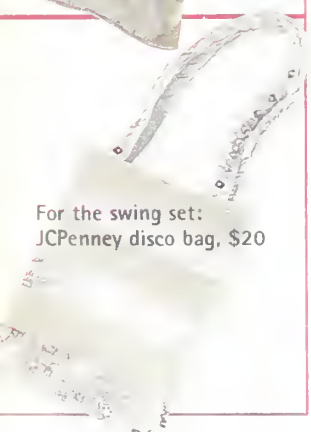
Time to celebrate: Nine West silver glitter watch, $49



Shine on in Sisley's sequined tube top, $44



Day-to-night elegance: Generra shirt, $28



For the swing set: JCPenney disco bag, $20

glam



Wrap up in glamour: Echo acrylic knit shawl, $45



East meets west: Liz Claiborne, $36



A sexy pair: Only Hearts bralette, $36, and hipster panty, $29



Sparkle plenty: Sisley strappy tank, $68

fresh



He wants/she wants: Benetton boyfriend sweater, $59



Stella Pace energy bracelets, $27–$38



Ergonomically correct: Esprit sports bag, $42



Sweet dreams: Target polyester slip, $11.99

hot



Hold everything: Esprit hobo bag, $42



Winter warmer: Old Navy cotton sweater, $24.50



His favorite sleepwear is yours, too: Old Navy snowboarder print pajamas, $16.50



Soiree style insurance: XOXO lurex sweater, $48


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Who's who, from left: Joyce Rodie holding Seth, her husband, John, with Sydney; Carter Bragg; Jane Bragg, holding Casey, and her husband, Rick, with Chandler

DOUBLE Take

My twin sister and I are used to others mixing us up. But now that we each have a set of twins, people *really* think they're seeing double

By Jane Bragg, as told to Andrea Gross

The other day, Chandler, my two-year-old, started crying when he bumped his knee. Casey, his twin sister, looked up from the paper she was scribbling on, put down her crayon and went over to pat him on the shoulder. Chandler stopped crying immediately, his pain forgotten. I had to smile. When I was little, my twin sister, Joyce, was the only person who could comfort me.

Joyce and I stopped dressing alike in the fifth grade. But even today, we often find we've bought the same earrings or sweater. On our fortieth birthday, out of all the cards in the world, we sent the identical one to each other.

We live only ten minutes apart in a suburb of Atlanta, and we spend a lot of time together, just as we always have. We took the same courses in high school, attended the same college, chose the same major and even dated some of the same boys.

I married Dave in 1979, right after college. We eventually moved to Florida, where he worked as a computer engineer and I as a dental hygienist. Joyce went back to Atlanta, also to work as a dental hygienist, and we learned to cram a lot of talk into our weekly phone calls.

Life was happy except for one thing: I wasn't able to get pregnant. Doctors couldn't explain why. Dave and I underwent fertility treatments, including drugs and three attempts at in vitro fertilization. Each try at in vitro cost $10,000, and we had only a small chance of conceiving. Our third attempt resulted in a pregnancy, but soon after conceiving, I miscarried. I was devastated. Finally, after seven years, we decided to adopt a child.

A private adoption attorney matched us with a young woman who was due to give birth in July 1992. Dave and I bought baby clothes and stayed up late talking about all the things we planned for our child.

Then, in May, I woke up early and saw that Dave wasn't in bed. I walked into the kitchen and found my thirty-five-year-old husband sprawled on the floor, unconscious. He died four days later without ever regaining consciousness. "A stroke," the doctors told me. I don't remember much from those days—I was in shock.

Still, I planned to go ahead with the adoption. But a few weeks later our attorney phoned. "The birth mother of your baby just informed me that she miscarried a few months ago," he said. I dropped the receiver. I couldn't believe it. The thought of having the baby Dave and *(continued)*


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(continued) I had dreamed about was the only thing keeping me going. I'd just lost my husband; now I had lost our child as well.

The next few months were an emotional roller-coaster ride. The attorney called back and said, "The same woman is expecting another baby."

I got out the baby clothes, set up a crib and eagerly waited by the phone for the call that would make me a mother. It came the day before the baby was due. "Jane," said the attorney, "I don't know quite how to tell you this, but the birth mother has disappeared."

I must have continued to function, because I know I went to work every morning, cleaned patients' teeth and made polite conversation with them. But I was numb. I couldn't let myself feel anything.

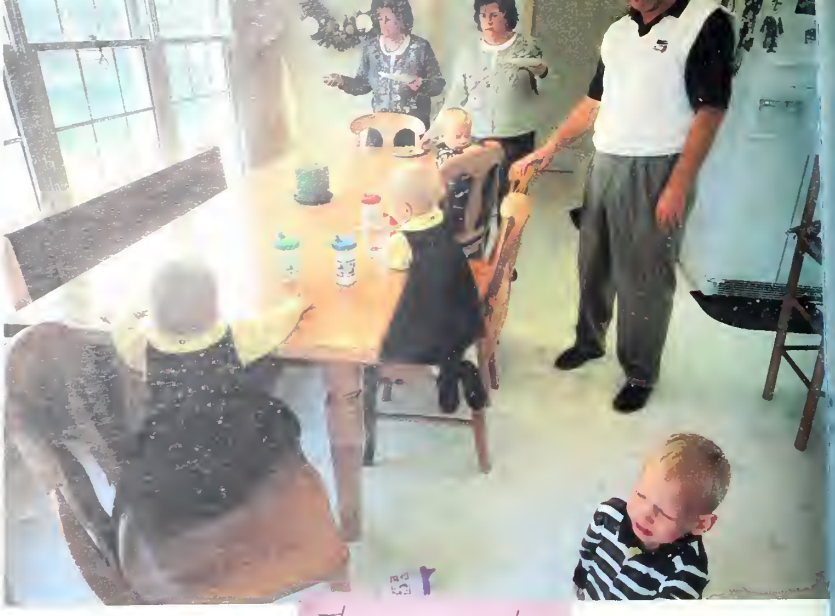
My mother came down to Florida to stay with me. "It's time you came back to Atlanta to be with your family," she said.

In March I was shoving belongings into boxes when, once again, the attorney phoned. "I have a week-old baby boy who has been freed for adoption," he said. "Do you still want to be a mother? You have twenty-four hours to decide." I knew this might be my last chance to have a baby; I immediately said yes.

The very next day I held Carter in my arms. He stared at me with his big dark eyes, and I knew he was the best thing that had ever happened to me. All my energy went toward starting a new life for the two of us.

I knew being a single mom would be a huge responsibility, but I was luckier than most. I'd have the help of Joyce and the rest of my family. On Easter weekend, when Carter was three weeks old, we moved back to Atlanta.

Three years later, I was introduced to Rick, an English teacher and girls' basketball coach. Our first date, to a high-school prom that Rick had to chaperone, was a disaster. He knew his students were watching his every move, and he was so nervous that he could hardly stammer out a word.



The twins—and their twins—get together often. Here, the kids enjoy an afternoon snack

"I don't think he liked me," I told Joyce the next morning. But a couple of days later I received a little card. "Let's try again," Rick suggested.

We were married in October 1996. Carter, who was three and a half, was our ring bearer. Joyce, who had married John in 1992, was my matron of honor.

Like me, Joyce had been unable to get pregnant, and she and John desperately wanted children. Ironically, doctors couldn't diagnose their fertility problems, either. Joyce also tried fertility treatments, but drew the line at in vitro.

Rick and I had already talked about expanding our family—most probably, given my history, by adoption—but we were in no hurry. Yet, when Joyce asked me to attend an adoption information seminar with her in December because John was busy with work, I was glad to.

Margaret Cole, founder and executive director of the Ohio-based European Adoption Consultants (E.A.C.), is a dynamic woman who has six children, one of whom is adopted from Russia. Cole's agency currently places children from five different countries, mostly from Russia. She spoke passionately about the joys of international adoption, but she also talked realistically of the risks. "Some older children may have been deprived of nurturing during their early years, and they may have attachment and behavioral disorders," she said. "E.A.C. tries to ensure that the children it places for adoption come from institutions where the youngsters are loved and well cared for, but there are no guarantees."

We listened as other parents, surrounded by their recently adopted children, told their stories. Neither of us had any doubt that we would go through with it—together.

Within days of talking to our husbands, we were filling out forms. Each of us would have to spend about $30,000, including travel expenses. But, as my sister said, people spend that kind of money on a car. We just figured that we would somehow pay for it, and we did.

The thought that we could adopt twins never occurred to us, although Joyce and John had requested siblings. But Margaret had just called her contacts in Russia and knew that at least one set of twins was *(continued)*

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available for adoption. "What fun it would be to place twin children with a twin parent," she said.

She called me first. "Of course Rick and I would be delighted," I said, "but we already have one child. Joyce and John are childless. I think twins should go to them."

So Margaret called Joyce. Joyce was thrilled, but also concerned about me. "I'd hate to get two children and then find out there wasn't a child for Jane and Rick," she said.

Margaret called adoption centers in Russia immediately. Amazingly, there was another set of twins. Joyce and John were ahead of us on the waiting list, but they decided we should get the first set of twins that were officially freed for adoption. We would have to go to Russia to receive our children, and they knew it would be hard for Rick to be away once basketball season began.

In September we got a two-and-a-half-minute video of our future children. There, on our TV screen, we saw two tiny babies—a boy and a girl—swaddled from the chest down, turning their heads to the nurse as she called their names. We replayed that two-and-a-half-minute tape so many times we nearly wore it out.

We left for Russia on October 6, 1997, with a bag full of medicines, clothes, diapers and toys—some for our own children, others for youngsters still awaiting adoption. By the time we arrived in Moscow we were dizzy with a mix of anticipation and jet lag.

An E.A.C. representative met us at the airport, and later drove us four hours to the hospital where the twins, by this time almost five months old, were being cared for. A nurse handed me our son, who was dressed in mismatched clothes and tightly wrapped in a blanket. Another nurse handed our daughter to Rick. At that moment we named little Uri "Chandler Eugene" and Irina became "Casey Ann." I looked at Rick. Both of us had tears in our eyes.

Carter, along with more than a dozen family members and [illegible] greeted us when we got off the plane in Atlanta. I gave him a big hug as I waved an American flag and [illegible] me a huge poster that he'd made with Joyce's help. *Welcome home, Casey Ann Chandler,* it said. *From your big brother.* I couldn't stop smiling as I tucked the three children into bed, but I [illegible] wouldn't be totally happy until Joyce and John had their twins.

They left for Russia six weeks on our birthday, and returned Thanksgiving Day with Seth (his birth name was Roman) and Sara (Ekaterina). Their twins are ten days older than ours. Naturally, we were concerned about attachment or behavioral disorders, but both sets of twins have bonded with us and seem to be doing fine. When they are older, we hope to take them on a visit to their birth land.

Now, two years later, all of our kids have settled into organized chaos. I work four days a week as a dentist; Joyce is an administrative assistant at a bank.

The four twins go to the same school. When Joyce and I are working, with all two-year-olds, they're curious about everything. Carter loves his role as big brother, but sometimes (like the rest of us!) he yearns for some peace and quiet. "Mom," he says, "can't I please just go downstairs and watch TV for a few minutes?"

Rick and I moved into a new house last year, one that is big enough for huge family get-togethers. This Christmas, ten of Rick's relatives will come down from Indiana to stay with us during the holidays, and my family will be here for Christmas dinner. We'll be wall-to-wall people, and it will be noisy and confusing—and I couldn't be happier.

The twins used to share a room, but now, since they've graduated from the crib to big beds, they each have their own room. We want them to be individuals and, at the same time, cherish the unique bond that twins have with each other. As a twin myself, I know that they'll never feel alone. ■

Andrea Gross is a contributing editor of Ladies' Home Journal.

Why do I use Curél? Because for dry skin, it's the best lotion on the shelf.

Amy Manson, Pharmacist



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You can see the Cure in Curél



Strands of raffia, boughs of dried eucalyptus and silk ivy, plus bundles of cinnamon sticks and dried citrus slices give this wreath a natural beauty

Ravishing WREATHS

Nothing says "welcome" like a bountiful wreath greeting guests at the holidays. But your options go far beyond the basic greens with red bow. Artist and designer Riley Alan Luzinski shows you how

Log on to [illegible] for more easy-to-do Christmas decorating projects demonstrated on video by a top stylist



Enchant the kids with a wreath festooned with ornaments, toy trains and candy canes



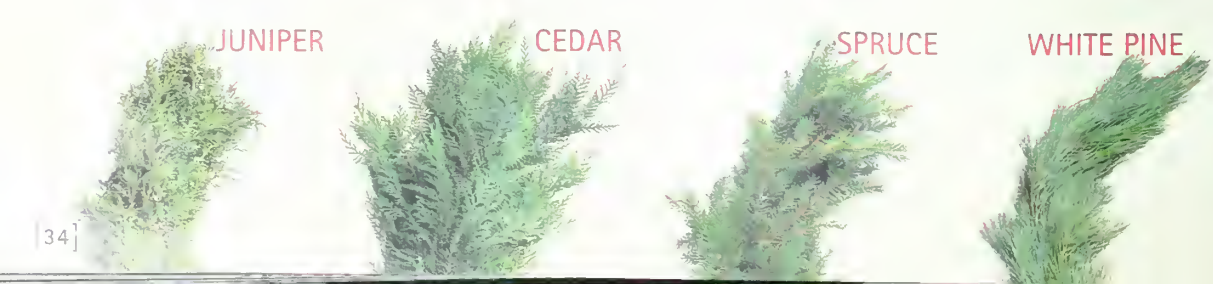
Tartan ribbons give Scotch flair to a wreath adorned with heather, holly, lavender spears and colorful balls



Clusters of vibrant faux fruit and flowers create a lush wreath with staying power

GREENERY GUIDE

Straight needles? Feathery ones? With berries or a spicy scent? No matter which green you choose to use, it will last longest outdoors and should be kept away from heat to prevent drying



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NO QUESTION THAT DECEMBER 31 IS THE CELEBRATION OF THE YEAR, BUT THIS YEAR IT'S THE CELEBRATION OF THE CENTURY! FOR AN OUTFIT TO MATCH THIS ULTIMATE PARTY MOOD, THESE FIVE WOMEN PUT TOGETHER THEIR FAVORITE DRESS-UP LOOKS; THEN THEIR HUSBANDS WEIGHED IN WITH THEIR OWN PERSONAL PICKS

BY LOIS JOY JOHNSON

PAIGE AND DOUG



How they'll usher in 2000: Reveling at the fourth annual New Year's party in their Manhattan apartment.

Paige, 28, says: "I love color and shiny fabrics, and I prefer below-the-knee dresses and skirts. Whatever style I choose, comfort is a priority." **Her pick:** Olive and Bette's dress, $182, and Only Hearts cardigan, $128.

Doug, 31, says: "Paige looks great in something, anything, short—love those legs! And she's got really sexy arms, so I like to see her wear sleeveless tops, and if it's a low V-neck, all the better." **His pick:** Liz Claiborne skirt, $109; Donna Morgan angora shell, $180 (sold with matching skirt).



MARNIE AND JON



How they'll usher in 2000: Dancing the century away at the Delano Hotel in Miami.
Marnie, 24, says: "I like funky styles, fashion with an edge. I love to dance, and I've got to be able to move in whatever I'm wearing." Her pick: Tommy Hilfiger leather sheath, $295; Betsey Johnson faux fur coat, $293.
Jon, 28, says: "I love long and elegant. Marnie's got a great body, and she's not afraid to show it off. Sexy styles—frankly, that's either of these—look great on her." His pick: Benetton wool slipdress, $88; Cejon Accessories shawl, $130.



THÉDA AND BILL



How they'll usher in 2000: Hosting an intimate dinner party at home (Théda always serves the dinner around midnight).
Théda, 39, says: "Usually, I'd go for something slim, long and black, but that's just too predictable. This year I'm ready for something new; I'd probably splurge on the exact opposite—a curvy short sheath dress in an attention-getting color."
Her pick: JCPenney satin sheath, $148 (sold with jacket).
Bill, 36, says: "Her dress doesn't have to be ultra-sexy, clingy or tight, but it does have to have an open neckline so you can see her collarbone—that's the area men like to kiss, you know."
His pick: Bebe skirt, $128; shell, NY+Co., $19.50.





DENEEN AND RAY

How they'll usher in 2000: Celebrating at a friend's gala party at San Francisco's Tonga Room.
Deneen, 35, says: "I don't like tight-fitting clothes, so my idea of the perfect party dress is one that is long and lean, but not clingy." Her pick: Jones New York slipdress, $179.
Ray, 35, says: "I like strong, simple shapes, not anything frilly or romantic. Deneen mostly wears black and gray, but I think she'd look great in a really bright color. And, hey, why not make it orange and black—they're the colors I chose for my company logo." His pick: Only Hearts tube top, $40; Ralph by Ralph Lauren pants, $69.50.



SAMANTHA AND BRINTON

How they'll usher in 2000: Getting together with a group of close friends.
Samantha, 31, says: "My main goal on New Year's Eve is to be comfortable. I'm really into casual chic, so capri pants and a top would suit me fine." Her pick: Finity shell ($78) and pants ($112).
Brinton, 33, says: "Sam's got an incredible figure, and I like to see her in something short, sexy and tight, with a bit of a baring neckline. And if it were red, well. . . ." His pick: XOXO dress, $89.







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growing up

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GIRLY not GOOFY

'TIS THE SEASON TO GLAM IT UP IN FASHION TIPS TO FLAUNT YOUR FLIRTY

passionate for pink From the top of your lips to the tips of your nails, think pink. Steer clear of Barbie-doll and bubblegum shades and choose a pale, sugary gloss or liquid lip.

rosy cheeks Ah, the blush of youth! Make it yours with a dewy-fresh cream blush—lightly applied—for a translucent glow.

romantic ripples If you've got natural curls or waves, put away that straightening iron—now's the time to show them off. Need help catching a wave in stick-straight hair? Create instant spirals with a curling iron or hot rollers, or try overnight braids or a pincurl set on hair dampened with a light styling spray, such as John Frieda Ready to Wear Modeling Spray.

it's a wrap Whether it's the real thing or a great fake, a pashmina shawl can transform from a muffler over your winter coat to a dressy evening wrap.



eadlights

himmering crystals nd beads on flexible eadbands and bobby ins are a pretty lternative to fabric crunchies to keep iair looking sleek. :hoose thin, nderstated styles vithout heavily :mbellished designs— io cutesy butterflies, :ugs or bows.

:olor winks

3rushing on mascara n blue, green and violet shades lets you emphasize eyes in one quick step. To maximize the look, skip eyeshadow and liner, and wear a sheer foundation and neutral lipcolor.

eyes light, eyes bright

Prettier than rings of black or charcoal, soft metallic eyeliner is the trend today. Pencil on at the base of lashes on your upper and lower lids; use a bronze shade for green or brown eyes, plum or pewter for baby blues.

ULTRAFEMININE STYLE: TEN MAKEUP AND SIDE IN A SOPHISTICATED, WOMANLY WAY



Slick pink on lips in a shiny gloss or liquid formula, such as Revlon ColorStay Liquid Lip in Mimosa



A little dab will do: Swipe on the sheerest layer of eyeshadow near your lashes, not on the whole lid

Trish McEvoy liquid eyeliner in Topaz gives eyes party-perfect sparkle, or . . .

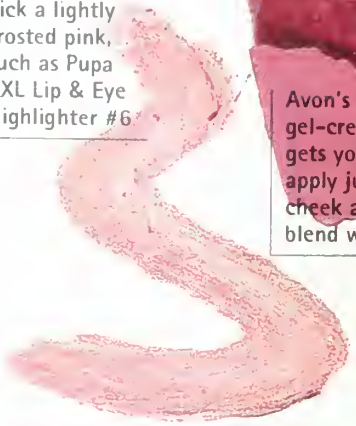


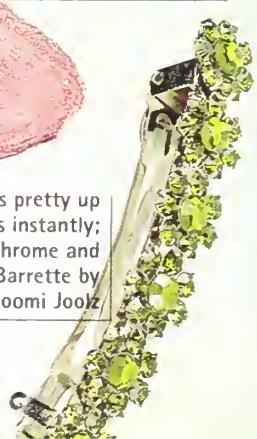
. . . opt for colored mascara, such as Max Factor's S-T-R-E-T-C-H in Deep Blue



Chunky lip pencils both line and define; pick a lightly frosted pink, such as Pupa XXL Lip & Eye Highlighter #6

Avon's HydraFinish gel-cream blush gets you glowing; apply just a little to cheek apples and blend with a sponge





Barrettes with crystals pretty up growing-out bangs instantly; keep the color monochrome and the style simple. Barrette by Joomi Jookz



shine on The twinset gets dressed up in pastel hues—butter yellow, mint green, lavender—with beaded designs. The key to sophisticated, not silly? Choose a subtle pattern like the simple floral above.

ladylike shoes Kick off those clunky heels and slide on embroidered fabric mules, tapered-toe Mary Janes and satin loafer styles.

tiny ruffles Make sure they're anything but oversize, and they add a feminine flourish to the hem of a skirt or the placket of a simple white shirt.



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Meet the winners of the JCPenney ULTIMATE BABY SHOWER SWEEPSTAKES

More than 44,000 people (men and women) entered this year's JCPenney Ultimate Baby Shower™ Sweepstakes. The sweeps was announced in the May issue of Ladies' Home Journal.

Each winner was thrilled to receive a full-scale baby shower event, complete with invitations, decorations, party favors, refreshments and, of course, lots of gifts — all the essentials for bringing home a new baby.

Plus, each winner was paired with a local charity that received an incredible prize package of equal value.



GRAND PRIZE WINNER
Rebecca and Ronald Swassing and baby Stephanie, Omaha, N
Local charity: Child Saving Institute



Robin Smith with daughter Brittany (far right) and her mother Lori Gibliosco (far le
Cristine Shea Bianchi, Stay Well Health Center, and Wayne Heath, JCPenney Store Ma
Waterbury, CT. Local charity: Stay Well Health Center



Misty Fogle Espinoza and her mother Jan Fogle, Missoula,
Local charity: Northern Valley Catholic Social Service

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HOW TO

ICE-SKATE BACKWARD

Follow these moves from Olympic gold medalist Kristi Yamaguchi, author of *Figure Skating for Dummies* (IDG Books, 1997), and you can enjoy a glorious glide.

STEP 1 With your knees bent, pigeon-toe your feet and push backward with both inside edges.

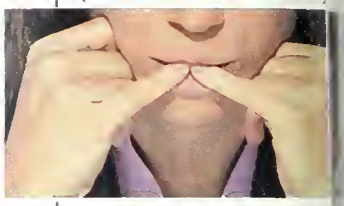
STEP 2 Before your legs slide into a full split, swivel the heels of your skates back together along the inside edges. As your heels come together, swivel them out and push backward with the inside edges to start the movement again.

STEP 3 Now you're ready for stroking, which is skate-speak for pushing off from skate to skate. Bend your knees and pigeon-toe your right foot. Push off on the ball of your right foot from the inside edge. Glide backward on your left foot, then bring both feet back together.

STEP 4 Shift your weight to the right foot and push off with the ball of your left foot from the inside edge. Glide backward on your right foot; bring both feet back together. Soon, you'll skip the feet-back-together part and will simply step from one foot to the other.

HOW TO

WHISTLE (LIKE YOU MEAN IT)



Can't whistle through your fingers? Sure you can, says Walter Browder, co-author of 101 Secrets a Good Dad Knows (Rutledge Hill Press, 1999), who offers this technique:

1 Place the tips of your pinkie fingers together at a 45-degree angle.

2 Draw your lower lip across and slightly below the tops of your lower teeth. With your pinkie tips on the end of your tongue, nudge the tongue back and slightly up, until your pinkies rest on your lower teeth. Your pinkies and lower teeth should form a little triangle.

3 Close your lips around your fingers so that the air can escape only through the triangular hole. Blow forcefully.



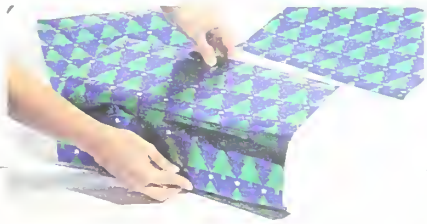
HOW TO

WRAP A GIFT (EVEN IF YOU'RE ALL THUMBS)

Department-store pros aren't born with the knack. They have to learn to wrap gifts that look great—and so can you. These steps are from Michelle Ketchum, co-owner of That's a Wrap, in Montclair, California, and past winner of Scotch Brand Most Gifted Wrapper contest.



1 Measure the box, then mark the measurements on the wrap. Leave one inch of excess paper on the sides and two inches on the ends.



2 Place the box so that the selvage seam falls on a side edge. Tape a half-inch flap over the side edge. Pull the rest of paper up and over the box. Fold under excess paper; secure with double-sided tape.

3 Punch in the sides. Bring the bottom flap up, pull it taut and tape the tip to the box. Pull the top flap down, fold the tip under and attach it with double-sided tape. Thick ribbon looks best.



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Holiday-Tested BULGE BUSTERS



Strategies that really work to keep pounds off—even during the high-temptation holiday season **By Mindy Hermann, R.D.**

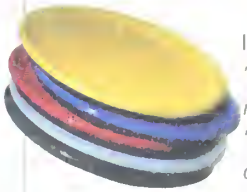
If you dread stepping on the scale on January 1, you're not alone. "Many of us add several pounds in the weeks between Thanksgiving and New Year's Day," says Jim Glaser, R.D., a nutritionist at Canyon Ranch Health Resort, in Tucson, Arizona. Keeping to a healthy diet is never a snap, but the challenge increases during the holidays. The abundance of food, emotions and stress are enough to unglue even the firmest resolve. And the sheer number of dinner gatherings and cocktail parties mean regular run-ins with temptation. The same old diet advice just doesn't cut it. So we asked several nutrition experts for their favorite tips, and then we enlisted real women to try the strategies. Here, the bulge busters and how they scored.

HOW THE SCORING WORKS:

- ✕✕✕✕ Saves lots of calories
- ✕✕✕ Works, with effort
- ✕✕ Requires willpower
- ✕ Probably will overeat

THE DINNER PARTY

Whether it's at home, at church or with co-workers, dinner parties are an invitation to overindulge. Worse yet, "celebrations with family or close friends can be emotionally charged, and the tension can cause you to overeat," says Ellie Krieger, R.D., a weight-management consultant in New York City. "And you don't want to hurt feelings by saying no to what's offered, so you find your plate filled with foods you don't want to eat."



If you have a choice of plates, pick the smaller one.

"I filled my little plate, ate enough and did not feel like I wanted more." —Genevieve, forty-five

"The table was set and smaller plates were not available, so it didn't help at all." —Rachel, thirty-three SCORE: ✕✕



Try the one-tablespoon rule: Take just a tablespoon of dishes that look interesting, then go back for more of the best one.

"I was surprised that it worked. I took just enough to be polite and didn't feel I was missing out on anything." —Susan, thirty-eight

"It was a great strategy for dinner, but it almost failed when the desserts arrived! I was still hungry and that's when I'm most tempted to overeat. So I had to use other methods to make it past the sweets." —Peg, thirty-four SCORE: ✕

Spend more time talking than eating. If you can, sit by someone who is a great conversationalist.

"Often I enjoy the company more than the food, and once I'm talking, I don't eat as much." —Debra, thirty-three

"This was my favorite tip. Engaging in conversation forced me to eat more slowly." —Terne, thirty-seven SCORE: ✕✕✕✕



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the things to be generous with, cold germs don't have to be one of them.



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TESTER TIPS

Our corps of party-hopping testers came up with a few strategies of their own:

- Don't arrive at the party tired; it's a sure way to weaken your defenses. Plus you'll be looking for sweets for an energy boost.
- Spend extra time putting on lipstick. You won't be so keen to mess it up by eating.
- Suck on mints—not only do they freshen your breath, but they make food and wine taste awful, so you'll be less inclined to eat.
- Wear something that you would hate to stain or that would be a hassle to clean. This forces you to avoid splotch-droppers such as gooey desserts, fattening dip, red wine and chocolate.
- Agree on a buddy system with a friend. If either of you breaks your diet, the other will tap her on the shoulder as a subtle reminder.



Rehearse saying no to a family member who constantly pushes you to eat. Practice lines that will work without hurting feelings.

"I procticed saying, 'Thonk you. It wos wonderful, but I reolly couldn't eat onother thing.' When the situation come up, the line just spilled out. The hostess wos flottered ond didn't push." —Teme

"Procticing 'no' seemed silly. I couldn't do it." —Debro

SCORE:



Offer to help plan the menu and include lots of healthy, low-calorie items. Or bring a lower-cal, low-fat food, such as peeled, cooked shrimp with cocktail sauce or crûdités.

"Doing some of the cooking gove me a little control over the fot content of the meal, and the hostess wos thrilled." —Rochel

SCORE:

If it's your own dinner party, do the dishes right away, and give everyone the leftovers in doggie bags.

"My guests got generous take-owoy portions. But I kept o little—hey, you can't deprive yourself entirely!" —Soroh, thirty-eight

SCORE:



Fill half your plate with salad and vegetables.

"This was easy. I didn't feel like I wos depriving myself and I wos t The best thing is that your plote is full of food." —Suson

"This is one of my fovorite strategies ot potluck dinners. It olw works." —Suzonne, thirty-eight

SCORE:

Ripples mean a cleaner bottom, and I'm the only one that's got 'em.

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COCKTAIL CIRCUIT

il parties dish up plenty of high-calorie, high-
r two, and those loosened inhibitions may let
e tend to become overly focused on all the
n socializing," notes Robyn Flipse, R.D., a nutrition
ersey, and spokesperson for the New Jersey D
etic

a tight waistband or a form-fitting dress.

*ne is always a winner for me. I dress to feel beaut
twice about going overboard, or even eating much
o look bloated." —Peg*

SCORE

an alcohol-free beverage between every alcoholic one.

*ip was fabulous. Drinking alcohol-free beverages kept me from
ng too much. Also, I had just one glass of wine because I had no
far more drinks after a big glass of seltzer" —Sarah*

SCORE:

are your desire for the food to the workout that it will take to
the calories—is the food worth it?

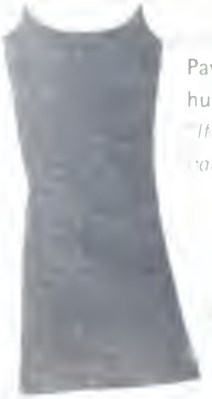
*t to the gym beforehand. Just knowing that it takes half an hour
e to burn two hundred calories helped stop me" —Sarah*

SCORE:

what's being served and hold out for your favorites.

*d no five times to hors d'oeuvres and ate only the crab cakes,
h I love. That's a lot less than I ordinarily would eat." —Susan*

SCORE:



Pay attention to whether you're truly hungry. If you're not, don't eat.

*"If I am hungry, I stay away from tasty high
cal foods because I'll keep going." —Debra*

SCORE:

Eat light during the day to conserve
lories for sweet indulgences later.

*after saving up calories, I had just a
all piece of cake. I think I actually ended
up coming out ahead." —Sarah*

SCORE:



Watch the clock. Pace yourself and have no more than one hors d'oeuvre every fifteen minutes.

"Waiting fifteen minutes wasn't nearly as hard as I thought it would be." —Susan

"I forgot and downed five hors d'oeuvres. Then I remembered the rule. I decided I'd met my quota and spent the rest of the party sipping seltzer. I figure I saved about a thousand calories." —Rachel



SCORE:



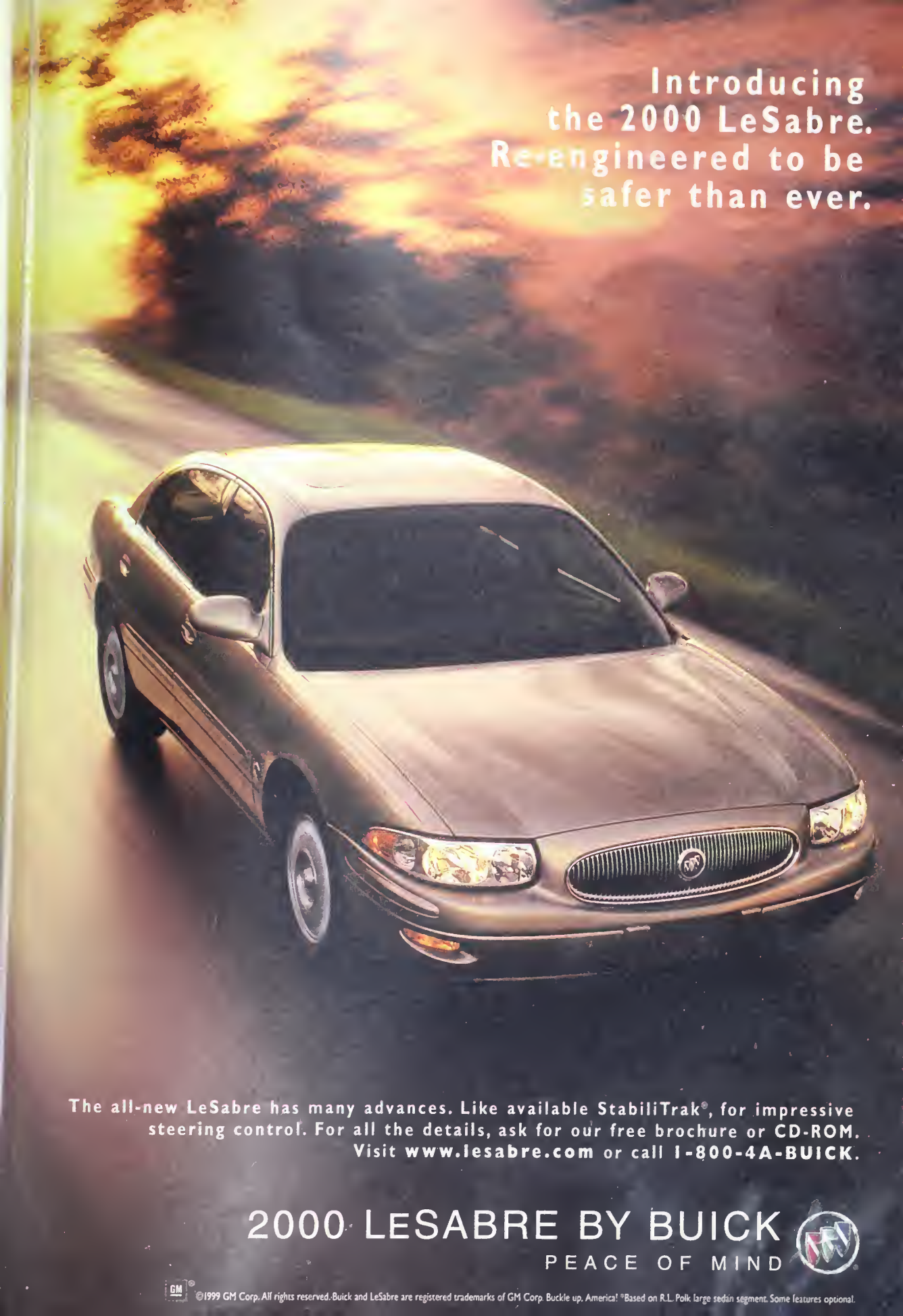
t tests show that Kleenex Cottonelle,
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We Lost That LOVIN' Feeling

It isn't easy to stay intimate when work, kids or even just plain fatigue gets in the way. These three women brought new passion to their marriages in surprising ways

By Leah Eckberg Feldman



Their sex life needed a jump-start

"LIGHT MY FIRE"

When it came to spoiling the mood, Tammy Razwell* was a pro. One glimpse of her husband John's amorous look and she would yawn, stretch and mutter a few strategic I'm-so-tireds. Sex just wasn't a priority for her. Tammy and John did make love every Saturday night, but always in the same place and in the same position.

Tammy, thirty-seven, wasn't all that disappointed. "Yeah, sex was kind of blah, but I didn't know to expect anything else," she says. Raised by a mother who preached the virtues of modesty, Tammy had always been sexually naive. When she did discover sex, her attitude didn't change much. "For me, sex was always of the hurry-up-before-the-door-opens variety," she says. "I still couldn't see what the fuss was about."

* *All names in this story have been changed.*

An at-home mom busy raising two young children in suburban Arizona, Tammy didn't think much about their stalled lovelife. "Our marriage was solid in every other way," she says. She assumed she simply had a naturally low sex drive, and resigned herself to that. John, feeling rejected, stopped making advances.

Then one day, the light went on. Tammy realized that her husband had begun staying at work later, and when he was home, he seemed increasingly restless and irritable. "I put it together and thought, Oh, my gosh, I'm blowing it!" she recalls. "I realized that this was a perfect setup for an affair."

As it happened, Tammy was about to accompany John on a business trip for his job as an accountant—three days in San Diego, without the kids—and that seemed the perfect opportunity to rekindle their passion. Her first stop was the mall, where she bought six lacy underwear ensembles, two for each day. "I had packed my lingerie in mothballs, because I always felt 'good girls' weren't supposed to be overt," she says. "Plus, I'd always thought my rear end was too fat for a thong." To her surprise, Tammy looked at herself in the mirror and felt truly sexy for the first time ever.

As their plane lifted off, Tammy handed John a perfumed note: "Unwrap me six times for six presents." Needless to say, he was speechless—but very willing to go along. At the car-rental counter, he asked for a red convertible instead of their usual choice, a *(continued)*



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(continued) sedan. "We hadn't felt anticipation like that since we were dating," Tammy remembers.

The sex that followed lived up to the promise—partly because they rediscovered foreplay. "We went slowly and let things build," she says.

After they returned home, Tammy asked herself: What next? The weekend had taught her that she definitely didn't have a sluggish libido. "The problem was that I didn't know myself well enough sexually—what turned me on and off." Tammy bought a copy of the *Kama Sutra*, the fourth-century Hindu lovemaking manual. She showed it to John, and they agreed to experiment with a new position every few weeks.

One year later, the book is dog-eared, the lingerie well-worn and weekend getaways are an annual event. Having passionate sex twice a week has boosted John's confidence in their relationship, and Tammy has become more vocal about asking for what she wants. "I always knew I adored John and that I'd be with him forever, but I didn't know we could achieve physical pleasure like this," she says. "After so many years together, there's not even a hint of boredom in our sex life. We have a level of intimacy and affection I never knew existed."





"I SAY A LITTLE PRAYER"

Sometimes Janet Palmer had to fight back tears when she overheard women talking about their lovelives. "Usually, they'd be complaining that their husbands wanted sex constantly, and I'd just die inside," says Janet, thirty-nine. Her problem couldn't have been more different: Her husband refused to make love to her. "We had sex once a month if I was lucky," she recalls. "When we did, he touched me mechanically, like he was doing his duty. My self-esteem was crushed."

The Palmers' marriage had been rocky for a few years, but now they had hit a new low. Janet, an at-home mom, was burned out by a difficult pregnancy and the demands of her toddler daughter. On top of that, she was bitter toward her husband. "Mark totally tuned out my needs," she says. On the road all week, he poured all his energy into his job as the CFO of a small company.

Yet something more was sapping Mark's sexual desire. In her anger, Janet had become critical and withholding; feeling unappreciated, he withdrew from her physically. To make matters worse, Mark had recently changed jobs, moving the family to Colorado. Feeling disconnected from her old friends, Janet had only one source of support: her faith. "I was too ashamed to tell anyone how bad things were, so I just kept praying to God," she says.

Both born-again Christians who met in a church choir, Janet and Mark had always acknowledged religion as the foundation of their relationship. So when she felt rejected, Janet turned to God for guidance. As she prayed, she came to feel that she must confront Mark and talk things out. One tearful night, she confronted him about her frustration. He dropped his wedding ring on the nightstand, packed a bag and drove off. Panicked, Janet was desperate to talk to someone. "I prayed, 'Lord, whom can I turn to?'" she remembers.

Just then, the phone rang. It was a friend from church, calling to find out why she and her children weren't in Sunday school. Says Janet: "She'd felt prompted to call me as soon as she got home. I knew then that although only God could give me the strength to get through this, He'd provide people to love me in tangible ways, too."

Mark returned the next day. They talked for five hours, and Mark realized that he'd been oblivious to the growing rift between them. The open dialogue and new sense of vulnerability connected the two for the first time in years, and that night, they made love until sunrise.

While Mark and *(continued)*

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REAL SOLUTIONS

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Janet were off to a good start, it would take hard work and outside support to get their marriage back on track. Preferring to turn to God rather than a therapist, they went to pastoral counselors, who use Scripture as a therapeutic tool to help couples. "Basically, they let us talk about our way of doing things, and then showed us God's way of doing things," says Janet. "God's way was always better."

In counseling, Mark recognized that his workaholism was hurting his relationship with his wife and family. He cut back on his hours, called home whenever he was going to be late, and said no to business [t]rips. For her part, Janet criticized him [l]ess and praised him more.

The couple returned to their [r]egious routine; now they a[t]church every Sunday and spend [f]minutes praying together most n[i]ings. "There's something about [j]ing our hearts in prayer that brin[g] close like nothing else can," [s]Janet, who adds that these ses[s]often lead them back to bed.

Today, their passion still [i]high. Says Janet, "People don't [r]ally mention God and sex in [t]same breath, but I do. I thought [o]sex life—and our relationship—[w]dead. But God saved them."

"REUNITED—AND IT FEELS SO GOOD"

"How could you do this to me? Is the baby even mine?" Marianne Jackson listened to her husband, Richard, shout through his tears. It was 1996, and Marianne had finally told him about the affair she had begun just a month after they conceived their first child.

Richard, a twenty-eight-year-old medical student, hadn't realized anything was wrong with their marriage. He thought their sex life was fine. For Marianne, however, the thrill was gone. "I didn't expect sex to be hot and heavy all the time," she says. "But when things got a little more predictable in bed, I wondered if I had missed out." Marianne, twenty-seven, had never slept with anyone else; Richard had played [t]field. "He'd experimented and gott[e]out of his system," she says. "I di[d]even know what was *in* my system."

She started to wonder what [s]had been missing when Ri[c]twenty-seven, who worked at [a]chemical plant she managed, be[g]hitting on her. Marianne was flir[t]with danger, but it was a risk she [w]willing to take. "I found out tha[t]had a strong desire to be wante[d]and to want back," she says.

After sharing a furtive, passion[a]kiss, there was no turning bac[k] Marianne and Rigo slept together[a]his house one afternoon. Thou[g]ashamed at her betrayal, Marian[n]reveled in her newfound sexu[a]power—and used it to heat things [u]at home. "I initiated more than ev[e]before," she says. "Rigo was telli[n]me I was an earthshaking lover, so[a]felt powerful and very sexy."

"For a little thrill, I risked my marriage"



As the weeks passed, howeve[r] Marianne found it difficult to conti[n]ue the affair. "Being pregnant wi[t]my husband's child and having s[e]with another man made me feel [l]most inhuman," she says. Within [a]few months, she'd stopped sleepi[n]with Rigo, but they still found excu[s]es to sneak away at work for lon[g] sexually charged conversations.

Marianne had convinced hers[e]her secret was safe from co-worke[r]Lying to her husband, *(continu[e]*


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however, was another matter. "Sometimes I felt as though Richard could take one look at my face and *know*," she says. After five months, she realized it was impossible to keep the affair going. "I wasn't just hurting Richard—I was hurting the baby, too," she says.

Knowing that it might mean the end of her marriage, Marianne tearfully confessed her infidelity to Richard. "Get out now," he said. "I need to think." Waking in a motel room the next morning was a sobering reality. "I thought to myself, What have I done?" she says. "For a little thrill, I risked my marriage."

She called her husband again and again, begging him to take her back. Finally, five days later, Richard warily suggested meeting for dinner. "The minute we saw each other, we just hugged and cried," says Marianne. Later, they made love. "He was reclaiming his territory, I think," she says. "It was hard for me, but I wanted to do anything to make him happy again."

Despite his shattered trust, Richard stayed, determined to use his wife's adultery as a wake-up call rather than a death knell. "He knew Rigo didn't have a place in my heart, and he couldn't imagine walking out on [unborn] baby he already loved so much," Marianne explains. However, Richard did insist that she quit her job. She also broke up with Rigo.

For weeks, Richard and Marianne spent hours dissecting the affair. Richard struggled with his feelings of betrayal, and the healing process was excruciating for Marianne, too. "Receiving love was painful, because I didn't feel worthy of Richard," she says. "I felt tainted and inhibited in bed."

By the time their baby boy was born—the spitting image of Richard—the new parents were eager to move on. Says Marianne, "We talk much more now, trying to stay in touch with each other's emotions so nothing like this ever catches us off guard again."

Today, Richard and Marianne say their marriage is stronger because of the problems they've conquered. So is their sex life. "He loved me when I felt unlovable, and that has intensified our connection to him during lovemaking," says Marianne. "Nothing makes me feel sexier than thinking about the kind of astounding faithfulness." ■

Leah Eckberg Feldman writes frequently about relationships for women's magazines.

Has the passion faded from your marriage? What's your advice for rekindling a stalled sex life? Log on to our Sex and Marriage discussion group at www.lhj.com/solutions to share your stories.

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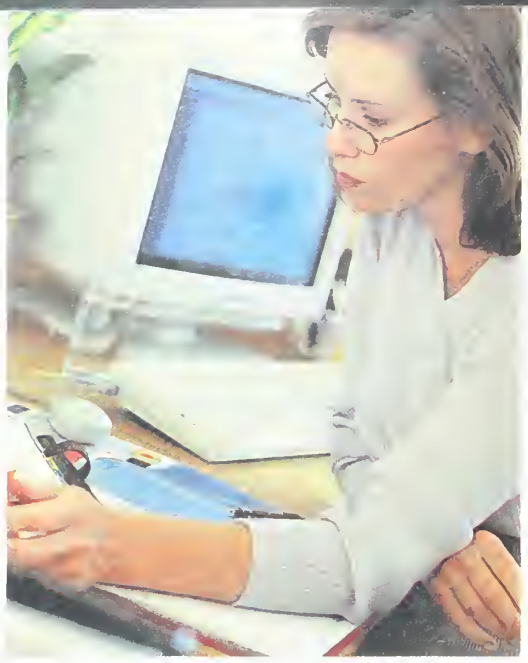
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Do you work from home? If so, check your homeowner's policy to see **how much your equipment is covered for.** Even if you have only a computer, fax and printer, **the standard amount, $2,500, is unrealistically low.** There is also a liability issue—if a client is hurt while visiting your home office, your homeowner's liability may not cover the accident. Ask your insurer about home-office insurance, either as a rider to your existing policy or in a separate one. A consultant who works out of a spare bedroom and sees no clients there may only need a rider that covers equipment (typically costing 2 percent of the value of the equipment). Someone else might need a separate at-home business policy that provides $1,000,000 in liability, $15,000 in contents, and twelve months of "reasonable" business interruption coverage, to cover the cost of renting a temporary office. The annual premium: about $300. —*Smarter Insurance Solutions*, by Janet Bamford

INVESTING WITH YOUR CONSCIENCE

Good news for investors who want to put their money where their ethics are: Socially responsible mutual funds are achieving better returns than ever. There are now over fifty such funds, each with a different focus—some invest in companies that promote environmental interests, others avoid tobacco stocks. Always remember: Social investing has to be done with the heart and head. The three socially responsible funds below outperformed or very nearly met the annualized return of the S&P 500 Index over the past five years, which was 26.18 percent.

—Ann Monroe

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PHONE: 800-762-6814
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5-YEAR ANNUALIZED RETURN: 25.2%

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—*Smart Questions to Ask Your Financial Advisers*, by Lynn Brenner

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Almost 5,000 moms entered the contest after it was announced in our May issue. Whirlpool awarded 55 moms with prizes, sending the five grand-prize winners to New York for the weekend of their dreams, on September 25-27. Here are a few of the award-winning essays.

Thanks, Mom. You're our greatest gift.



Photo by Jeff Lowenthal

The grand-prize moms were honored at an awards luncheon in New York. Pictured left to right: JoAnne Schweitzer of Lincolnshire, IL, Charlene Churchwell of Macon, GA, Janet Searle of Sharpsville, PA, Linda Mills of Washougal, WA, Marilyn Green of Hampton, NH

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I gave her my strength, as she faced a world of despair.

I gave her my hope as she faced each new day.

I gave her my faith that God would show the way.

Submitted by Mrs. Janet E. Searle of Sharpsville, PA

A Job Well Loved

I worked as an accountant for many years

and like working moms, experienced joy and tears;

But then I became sick with an illness hard to explain

That causes my body to feel constant pain.

And from this illness it became hard to do

My job outside home ar the one inside too;

But I knew which job wa important and which on was not

For there was nothing more precious than Kristina and Scott.

Submitted by Linda Mills of Washougal, WA

My Greatest Gift as a Mother

When I became a mother, I saw just how to live.

You see, when you're a mother, you finally learn to give.

Old days of sleeping, shopping and doing just for you,

are replaced with loving and caring for a little one so new

Yes, my greatest gift is knowing the joy of giving.

And when my child responds in kind, I know the joy of living.

Submitted by JoAnne Schweitzer of Lincolnshire, IL



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Thomas L. Spray, M.D., chief of cardiothoracic surgery at The Children's Hospital of Philadelphia, routinely spends ten to twelve hours a day in the operating room

Kids In CRISIS

Small patients, big illnesses—three inspiring stories of children treated at three of the country's top pediatric hospitals By Ronny Frishman

Imagine a place devoted to healing the youngest, most vulnerable patients, where you can find clowns performing nose "transplants" and doctors who are as familiar with the Rugrats as they are with the latest treatments for cancer. These are the hospitals that care for the sickest kids in the country—and their commitment to children's health is evident in both innovative care and groundbreaking research. Here, a look at three tough cases and how they were handled with kid gloves at three of the nation's finest children's hospitals.

BROKEN-HEARTED

Seven-day-old Kyle Musselman, his face pink and features perfect, stirs as a nurse places him in his mother's welcoming arms. Tish Musselman savors the moment. It is the first time the thirty-three-year-old mom has held her baby since the day after his birth—when doctors discovered that he had a life-threatening heart disorder.

The visit is brief. With her husband, Patrick, thirty-two, by her side, Tish carries Kyle to the elevators that lead to the surgical floor. She kisses him gently and breaks down in tears as she surrenders her little boy to the experts who will *(continued)*



Kyle Musselman, before surgery

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(continued) mend his deformed heart.

Shortly after his birth on January 5, 1999, Kyle developed breathing problems. Doctors discovered a heart murmur. And then he was diagnosed with hypoplastic left heart syndrome, which affects one in five thousand babies and has no known cause.

The Musselmans have come from their home in Croom, Maryland, to The Children's Hospital of Philadelphia. Thomas L. Spray, M.D., Children's chief of cardiothoracic surgery, a quiet and unassuming fifty-one-year-old surgeon, is renowned for treating defects like Kyle's.

Hypoplastic left heart syndrome is one of the most dangerous structural heart defects. In a normal heart, the right side receives deoxygenated blood from the body and then pumps it out to the lungs. Oxygenated blood then passes into the left side of the heart, which propels it to the rest of the body. Kyle's heart is a mechanical disaster: The left side is underdeveloped and cannot pump adequately, starving his body of oxygen.

Babies like Kyle die unless they receive a heart transplant or high-risk surgery that relegates all pumping to the heart's right side. The procedure is done in three stages over two years.

Knowing the odds were slim of finding a donor organ in time to save their son, Tish, a computer specialist, and Patrick, a police officer, chose corrective surgery. "At least we'll be able to say we gave him a chance," says Patrick, his dark eyes hopeful.

An emergency crew transports Kyle to Children's cardiac intensive-care unit (CICU), where doctors stabilize him. Specially trained nurses dote over the baby and reassure his worried parents, whose family and friends are over a hundred miles away.

On the day of surgery, anesthesiologist Susan Nicolson, M.D., stretches the sleeping infant out on a cooling blanket. Except for a small section of his chest, Kyle is covered by blue sterile sheets, his head packed in ice. Anesthesia is *(continued on page 75)*





Chris Medina got hit by a car—but was lucky to get flown to the trauma experts at Childrens Hospital Los Angeles

THROWN FOR A LOOP

The setting: Friday evening at Childrens Hospital Los Angeles (CHLA), a 318-bed facility with a Level I pediatric trauma center.

The scene: The emergency room is hopping—toddlers wheezing from asthma, a baby shaking with seizures, a three-year-old with a leg gash down to the bone.

6:25 P.M. The loud, distinct ring from the trauma phone stops Lourdes Escalona, M.D., in her tracks.

"A seven-year-old ejected from a car—code yellow!" Escalona exclaims, giving the hospital's signal for the highest-level trauma.

The hospital chopper is bringing the little boy from La Puente, about 20 miles east of L.A. The trauma room is cleared and prepped.

6:37 P.M. Beepers sound. The trauma team, always on call, is mobilized. A surgeon is in charge.

6:50 P.M. Chris Medina is pulled from the chopper and placed on a gurney; a collar protects his neck and a board immobilizes his spine. His aunt, Nery Benitez, jumps out of the aircraft, shivering.

6:52 P.M. In the trauma room, more than ten people swarm around the boy. His clothes are cut away. A nurse inserts an IV, draws blood and starts fluids. "It may look like chaos, but everyone knows what he's doing," says Pamela Griffith, R.N.C., trauma program manager.

Chris is alert and breathing without difficulty. He is scraped and bruised, with a dark, baseball-size bump on his forehead and some minor bleeding on his arm and leg.

Eyes wide with terror, he starts to cry. "Hi, Chris. Don't be scared," Escalona says soothingly. "You're doing very well."

6:55 P.M. Lab tests are run. Chris's urine appears free of blood, and his hematocrit—which measures red blood cells and might indicate internal bleeding if falling—is checked twice and looks normal. His white blood cell count is elevated, but doctors suspect that's simply a stress response.

7:01 P.M. Calm and methodical, Escalona questions twenty-three-year-old Nery about the accident and the boy's medical history. It turns out that Chris wasn't thrown from a vehicle. He ran into the road after a ball and was struck by a car going 25 miles per hour. He flew 20 feet, landing on the ground headfirst. Chris lost consciousness for a few minutes. Nery covered him to keep him warm.

His mother is in Mexico, visiting relatives. *(continued on page*



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SINCE THE PRODUCT WAS FIRST INTRODUCED, SERIOUS INFECTIONS, SOME INVOLVING DEATH, HAVE BEEN REPORTED IN PATIENTS USING ENBREL. MANY OF THESE EVENTS OCCURRED IN PATIENTS WHO WERE PRONE TO INFECTIONS, SUCH AS THOSE WITH ADVANCED OR POORLY CONTROLLED DIABETES. ENBREL SHOULD BE DISCONTINUED IN PATIENTS WITH SERIOUS INFECTIONS. DO NOT START ENBREL IF YOU HAVE AN INFECTION OF ANY TYPE OR IF YOU HAVE AN ALLERGY TO ENBREL OR ITS COMPONENTS. ENBREL SHOULD BE USED WITH CAUTION IN PATIENTS PRONE TO INFECTION. The most frequent adverse events in adult clinical trials (n=349) were injection site reactions (ISR) (37%), infections (35%), and headache (17%). Malignancies were rare (<1%). Only the rate of ISR was higher than placebo. If you have any questions about this information, be sure to discuss them with your doctor. ENBREL is available by prescription only.

Ask your rheumatologist if ENBREL may be right for you.
For more information, call toll free 1-888-4ENBREL
www.enbrel.com 436-2735

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REAKTHROUGH

ly active rheumatoid arthritis
to disease-modifying medicines.

effect



hout all that pain,
living more
he life I want."

e Buckingham,
REL user

Jeanne is an ENBREL patient. Individual responses to ENBREL may vary. In medical studies, 15% of patients were nonresponders.

Enbrel®
etanercept

ase see accompanying page for important product information.

Enbrel®
etanercept

BRIEF SUMMARY

See package insert for full Prescribing Information.

INDICATIONS AND USAGE

ENBREL is indicated for reduction in signs and symptoms of moderately to severely active rheumatoid arthritis (RA) in patients who have had an inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs). ENBREL can be used in combination with methotrexate in patients who do not respond adequately to methotrexate alone. ENBREL is indicated for reduction in signs and symptoms of moderately to severely active polyarticular-course juvenile rheumatoid arthritis in patients who have had an inadequate response to one or more DMARDs.

CONTRAINDICATIONS

ENBREL should not be administered to patients with sepsis or with known hypersensitivity to ENBREL or any of its components.

WARNINGS

IN POST-MARKETING REPORTS, SERIOUS INFECTIONS AND SEPSIS, INCLUDING FATALITIES, HAVE BEEN REPORTED WITH THE USE OF ENBREL. MANY OF THESE SERIOUS EVENTS HAVE OCCURRED IN PATIENTS WITH UNDERLYING DISEASES THAT IN ADDITION TO THEIR RHEUMATOID ARTHRITIS COULD PREDISPOSE THEM TO INFECTIONS. PATIENTS WHO DEVELOP A NEW INFECTION WHILE UNDERGOING TREATMENT WITH ENBREL SHOULD BE MONITORED CLOSELY. ADMINISTRATION OF ENBREL SHOULD BE DISCONTINUED IF A PATIENT DEVELOPS A SERIOUS INFECTION OR SEPSIS. TREATMENT WITH ENBREL SHOULD NOT BE INITIATED IN PATIENTS WITH ACTIVE INFECTIONS, INCLUDING CHRONIC OR LOCALIZED INFECTIONS. PHYSICIANS SHOULD EXERCISE CAUTION WHEN CONSIDERING THE USE OF ENBREL IN PATIENTS WITH A HISTORY OF RECURRING INFECTIONS OR WITH UNDERLYING CONDITIONS WHICH MAY PREDISPOSE PATIENTS TO INFECTIONS, SUCH AS ADVANCED OR POORLY CONTROLLED DIABETES (see PRECAUTIONS, ADVERSE REACTIONS, Infections).

PRECAUTIONS: General-Allergic reactions associated with administration of ENBREL during clinical trials have been reported in < 1% of patients. If an anaphylactic reaction or other serious allergic reaction occurs, administration of ENBREL should be discontinued immediately and appropriate therapy initiated. **Information to Patients**-If a patient or caregiver is to self-administer ENBREL, he/she should be instructed in injection techniques and how to measure the correct dose to help ensure the proper administration of ENBREL (see **How to Use ENBREL, Instructions for Preparing and Giving an Injection**). The first injection should be performed under the supervision of a qualified health care professional. The patient's or caregiver's ability to self-inject subcutaneously should be assessed. A puncture-resistant container for disposal of needles and syringes should be used. Patients and caregivers should be instructed in the technique as well as proper syringe and needle disposal, and be cautioned against reuse of these items. **Immunosuppression**-The possibility exists for anti-TNF therapies, including ENBREL, to affect host defenses against infections and malignancies since TNF mediates inflammation and modulates cellular immune responses. In a study of 49 patients with RA treated with ENBREL, there was no evidence of depression of delayed-type hypersensitivity, depression of immunoglobulin levels, or change in enumeration of effector cell populations. The impact of treatment with ENBREL on the development and course of malignancies, as well as active and/or chronic infections is not fully understood (see **WARNINGS, ADVERSE REACTIONS, Infections** and **Malignancies**). The safety and efficacy of ENBREL in patients with immunosuppression or chronic infections have not been evaluated. **Immunizations**-No data are available on the effects of vaccination in patients receiving ENBREL. Live vaccines should not be given concurrently with ENBREL. No data are available on the secondary transmission of infection by live vaccines in patients receiving ENBREL (see **PRECAUTIONS, Immunosuppression**). It is recommended that JRA patients, if possible, be brought up to date with all immunizations in agreement with current immunization guidelines prior to initiating ENBREL therapy. Two JRA patients developed varicella infection and signs and symptoms of aseptic meningitis which resolved without sequelae. Patients with a significant exposure to varicella virus should temporarily discontinue ENBREL therapy and be considered for prophylactic treatment with Varicella Zoster Immune Globulin. **Autoantibody Formation**-Treatment with ENBREL may result in the formation of autoimmune antibodies (see **ADVERSE REACTIONS, Autoantibodies**). **Drug Interactions**-Specific drug interaction studies have not been conducted with ENBREL. **Carcinogenesis, Mutagenesis, and Impairment of Fertility**-Long-term animal studies have not been conducted to evaluate the carcinogenic potential of ENBREL or its effect on fertility. Mutagenesis studies were conducted in vitro and in vivo, and no evidence of mutagenic activity was observed. **Pregnancy (Category B)**-Developmental toxicity studies have been performed in rats and rabbits at doses ranging from 60- to 100-fold higher than the human dose and have revealed no evidence of harm to the fetus due to ENBREL. There are, however, no studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. **Nursing Mothers**. It is not known whether ENBREL is excreted in human milk or absorbed systemically after ingestion. Because many drugs and immunoglobulins are excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from ENBREL, a decision should be made whether to discontinue nursing or to discontinue the drug. **Geriatric Use**-A total of 123 RA patients ages 65 years or older have been studied in clinical trials. No overall differences in safety or effectiveness were observed between these patients and younger patients. Greater sensitivity of some older individuals cannot be ruled out. **Pediatric Use**-ENBREL is indicated for treatment of polyarticular-course juvenile rheumatoid arthritis in patients who have had an inadequate response to one or more DMARDs. For issues relevant to pediatric patients in addition to other sections of the label, see also **PRECAUTIONS, Immunizations**, and **ADVERSE REACTIONS, Adverse Reactions in Pediatric Patients**. ENBREL has not been studied in children < 4 years of age.

ADVERSE REACTIONS: Rheumatoid Arthritis-ENBREL has been studied in 1039 patients with RA. In controlled studies, 349 patients received ENBREL and 152 patients received placebo. The proportion of patients who discontinued treatment due to adverse events was the same in both the ENBREL and placebo treatment groups (4%). **Injection Site Reactions**-In controlled trials, 37% of patients treated with ENBREL developed injection site reactions. All injection site reactions were described as mild to moderate (erythema and/or itching, pain, or swelling) and generally did not necessitate drug discontinuation. Injection site reactions generally occurred in the first month and subsequently decreased in frequency. The mean duration of injection site reactions was 3 to 5 days. Seven percent of patients experienced redness at a previous injection site when subsequent injections were given. **Infections**-Upper respiratory infections (colds) and sinusitis were the most frequently reported infections in patients receiving ENBREL or placebo in placebo-controlled trials in RA patients; the incidence of upper respiratory tract infections was 76% in the placebo treatment group and 29% in the group treated with ENBREL. When the upper respiratory observation of patients on ENBREL was accounted for, the event rate was similar in both groups.

In [illegible] controlled trials in RA, no increase in the incidence of serious infections was observed [illegible] in both placebo and ENBREL-treated groups). In open-label and placebo-controlled trials in RA, 22 serious infections were observed in a total of 745 (3%) subjects exposed to ENBREL, including pyelonephritis, bronchitis, septic arthritis, abdominal abscess, cellulitis, osteomyelitis, wound infection, pneumonia, foot abscess, leg ulcer, diarrhea, sinusitis, and sepsis. Serious infections, including sepsis and death, have also been reported during post-marketing use of ENBREL. Some have occurred within a few weeks after initiating treatment with ENBREL. Many of the patients had underlying conditions (e.g., diabetes, congestive heart failure, history of active or chronic infections) in addition to their rheumatoid arthritis. See **WARNINGS**. Data from a sepsis clinical trial not specifically in patients with RA suggest that ENBREL treatment may increase mortality in patients with established sepsis. **Malignancies**-Seven new malignancies of various types were observed in 745 RA patients treated in clinical trials with ENBREL for up to 18 months. The observed rates and incidences were similar to those expected for the population studied. **Autoantibodies**-Patients had serum samples tested for autoantibodies at multiple timepoints. Of the patients evaluated for antinuclear antibodies (ANA), the percentage of patients who developed new positive ANA (≥ 1:40) was higher in patients treated with ENBREL (11%) than in placebo-treated patients (5%). The percentage of patients who developed new positive anti-double-stranded DNA antibodies was also higher by radioimmunoassay (15% of patients treated with ENBREL compared to 4% of placebo-treated patients) and by crithidia lucilae assay (3% of patients treated with ENBREL compared to none of placebo-treated patients). The proportion of patients treated with ENBREL who developed anticardiolipin antibodies was similarly increased compared to placebo-treated patients. No patients developed clinical signs suggestive of a lupus-like syndrome or other new autoimmune diseases. The impact of long-term treatment with ENBREL on the development of autoimmune diseases is unknown. **Other Adverse Reactions**-Events reported in at least 3% of all patients with higher incidence in patients treated with ENBREL compared to controls in placebo-controlled RA trials (including the combination methotrexate trial) and events per patient year were as follows:

Percent of RA Patients Reporting Adverse Events and Events per Patient Year in Placebo-Controlled Clinical Trials*

Event	Percent of patients		Event per patient year	
	Placebo (n = 152)	ENBREL (n = 349)	Placebo (40 pt years)	ENBREL (117 pt years)
Injection site reaction	10	37	0.62	7.73
Infection	32	35	1.86	1.82
Non upper respiratory infection**	32	38	1.54	1.50
Upper respiratory infection**	16	29	0.68	0.82
Headache	13	17	0.62	0.68
Rhinitis	8	12	0.35	0.45
Dizziness	[illegible]	7	0.25	0.21
Pharyngitis	5	7	0.17	0.24
Cough	3	6	0.17	0.18
Asthenia	3	5	0.10	0.16
Pain, abdomen	3	5	0.12	0.17
Rash	3	5	0.12	0.21
Respiratory disorder	1	5	0.05	0.17
Dyspepsia	1	4	0.05	0.12
Sinusitis	2	3	0.07	0.12

** Includes data from the 6-month study in which patients received concurrent methotrexate therapy*

*** Includes data from two of the three controlled trials*

Among patients with rheumatoid arthritis treated in controlled trials, serious adverse events occurred at a frequency of 4% in 349 patients treated with ENBREL compared to 5% of 152 placebo-treated patients. Among rheumatoid arthritis patients in controlled and open-label trials of ENBREL, malignancies (see **ADVERSE REACTIONS, Malignancies**) and infections (see **ADVERSE REACTIONS, Infections**) were the most common serious adverse events observed. Other infrequent serious adverse events observed included heart failure, myocardial infarction, myocardial ischemia, cerebral ischemia, hypertension, hypotension, cholecystitis, pancreatitis, gastrointestinal hemorrhage, bursitis, depression, and dyspnea. **Adverse Reactions in Pediatric Patients**-In general, the adverse events in pediatric patients were similar in frequency and type as those seen in adult patients. Differences from adults and other special considerations are discussed below. Severe adverse reactions reported in 69 JRA patients ages 4 to 17 years included varicella (see also **PRECAUTIONS, Immunizations**), gastroenteritis, depression/personality disorder, cutaneous ulcer, and esophagitis/gastritis. Forty-three of 69 (62%) children with JRA experienced an infection while receiving ENBREL during 3 months of study (part 1 open-label). The types of infections reported in JRA patients were generally mild and consistent with those commonly seen in outpatient pediatric populations. The types and proportion of other adverse reactions in JRA patients were similar to those seen in trials of ENBREL in adult patients with RA, and the majority were mild. Several adverse events were reported more commonly in 69 JRA patients receiving 3 months of ENBREL compared to the 349 adult RA patients. These included headache (19% of patients, 1.7 events per patient year), nausea (9%, 1.0 events per patient year), abdominal pain (19%, 0.74 events per patient year), and vomiting (13%, 0.74 events per patient year).

OVERDOSAGE. The maximum tolerated dose of ENBREL has not been established in humans. Toxicology studies have been performed in monkeys at doses up to 30 times the human dose with no evidence of dose-limiting toxicities. No dose-limiting toxicities have been observed during clinical trials of ENBREL. Single IV doses up to 60 mg/m² have been administered to healthy volunteers in an endotoxemia study without evidence of dose-limiting toxicities. The highest dose level evaluated in RA patients has been a single IV loading dose of 32 mg/m² followed by SC doses of 16 mg/m² (~25 mg) administered twice weekly. In one RA trial, one patient mistakenly self-administered 62 mg ENBREL SC twice weekly for 3 weeks without experiencing adverse effects.

Rx only

This Brief Summary is based on document 0311-03, issued 5/99.

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B KEN-HEARTED

(nued from page 70

nistered to his tiny body.

ray makes a neat incision; he cuts ugh the sternum, inserting a chest ctor to keep it open. He exposes e's heart—the size of a small —and stitches in tubes to connect heart-lung bypass machine.

he goal today, Spray explains, is to range the connections so that some od flows from the baby's body the right side of the heart while r blood passes through a shunt di- ly to an artery leading to the lungs then into the right side of the heart. heart then pumps blood out to the y. For the repair, Spray must cool e down to slow his bodily functions then stop his circulation—as briefly ossible, since brain damage can oc- after forty-five minutes.

Bypass begins. Scarlet blood rushes ough the machine. A coolant uces Kyle's blood to 64°F. Spray nals to stop the bypass machine. erhead, the heart and blood- ssure monitors go ominously flat.

HEALING HEARTS

- Children's Hospital of Philadelphia is the nation's oldest pediatric hospital.
- Children's is also a leading center for cardiac care.
- Hypoplastic left heart repair was pioneered at Children's in 1983 by surgeon William Norwood, M.D.
- Thomas Spray, M.D., performs as many as forty such surgeries a year.

The room falls silent as Spray resculpts Kyle's heart, redirecting arteries, enlarging vessels with grafts, using sutures thin as a human hair. "If the connection is kinked or narrowed in any way, you won't get blood to the heart or lungs," he explains.

Spray prepares Kyle for bypass again. Time from circulatory arrest: 32 minutes. "Most surgeons would take forty-five minutes to an hour to do it," Nicolson says.

The tension lifts as Kyle's body rewarms. Spray takes the baby off bypass and watches as blood flows unobstructed through the new connections; the heart, plump and rosy, beats vigorously.

"The next twenty-four hours are the most critical," Spray warns.

At four P.M., Kyle, heavily sedated, is back in the CICU. The hours pass; [illegible] monitor Kyle's progress and his parents anxiously watch and wait.

The next morning, the infant's vital signs look good. "It's a big step to get to this point," says Spray. "His chance of survival is excellent."

Tish says she's afraid to be too relieved. But just five days later, Kyle, smiling and cooing, goes home.

In August, the seven-month-old returns to Children's for the second stage of the reconstruction. Kyle bounces back quickly from the surgery.

Sometime around his second birthday, Kyle will have the third operation. Although his heart will never be normal, his future is promising—he should be able to swim, ride a bike and go to school like other kids.



THROWN FOR A LOOP

Continued from page 70

His father died last year.

7:09 P.M. "We're just going to take some pictures—don't be scared," Escalona assures Chris, as a technician uses a portable machine to shoot X rays of his neck, chest and pelvis. No broken bones. Doctors remove the neck brace and board. A physical exam finds no serious injuries.

"We think he's fine," Escalona tells Nery. "He's very lucky." The trauma team breaks up.

Chris' mother, Emma, hurriedly makes plans to fly home.

7:55 P.M. Chris displays no signs of confusion or loss of consciousness, but doctors order a CAT scan and admit him to the hospital as a precaution because of the head impact. Over the next twelve hours, they do regular neurologic checks. His CAT scan comes back normal.

Nery spends the night beside him on a chair.

Saturday: Chris is sore and shaky. New X rays indicate nothing awry. His white blood cell count has returned to normal. Doctors decide to keep him overnight for observation.

Sunday: His mother arrives. Chris is subdued, but ready to go home.

Epilogue: Weeks after the accident, he is running around and back in school. "Chris seemed okay," says his mom, "but he wouldn't even go in the front yard for a few weeks." Some scars take longer to heal.

KIDS' E.R.

- The largest in the United States, the CHLA emergency transport system brings in 1,500 kids annually.
- Each year, CHLA treats 500 youngsters for major multi-system traumas; 75 percent have head injuries.
- Only 7 to 15 percent of CHLA's trauma patients end up in surgery.
- Since infants cannot speak and children may be unable to pinpoint where they hurt, doctors must rely heavily on assessment skills.

DEADLY DISEASE

The patient: Jenell Hunter, six

The condition: Sickle-cell anemia, an inherited blood disorder that primarily affects African-Americans and Hispanics. Red blood cells shaped like crescents tend to clog blood vessels and thwart the delivery of oxygen to the body. Symptoms include anemia, swelling, pain and organ damage. By age twenty, 10 percent of sickle-cell patients have had a stroke. Treatment focuses on ameliorating symptoms and preventing crises.



Nataya Bain holds Chloe while big sister Jenell gets a transfusion that doctors at Children's National Medical Center hope will prevent a stroke

MARK GODFREY

Medical history: Jenell's first hospital stay came at three months for a fever and was followed by others over the next two years. Her mother, Nataya Bain, twenty-nine, cried a lot in those days. Growing up, she watched a local kid with the disease die young. Three of her five children have sickle-cell disease (one is adopted).

Two years ago, tests indicated that Jenell was at high risk for a stroke. Nataya enrolled her in a National Institutes of Health study that showed that monthly blood transfusions could prevent strokes. The therapy caused Jenell to develop a dangerous overload of iron, which had to be treated with a costly, uncomfortable procedure called chelation. Five nights a week, Jenell spent ten hours tethered to a pump that delivered an iron-removing drug.

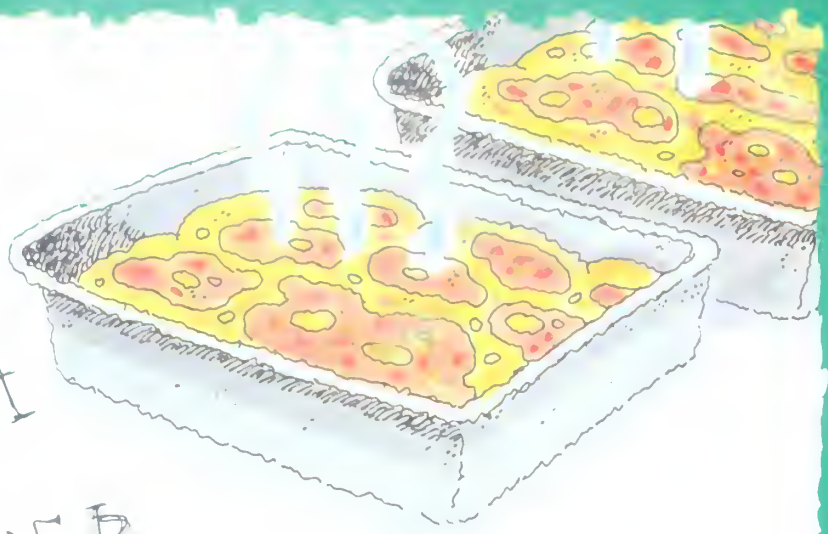
Prognosis: Jenell has been in and out of the stroke study, getting transfusions and chelation, then taking a break. Currently, she's receiving transfusions, and her iron levels are climbing. Chelation may be needed again soon.

Her outlook: A petite, active child, Jenell seems remarkably unaffected by her illness, despite the frequent medical visits and endless lab tests. "The hospital isn't a scary place," she says, flashing a gap-toothed smile. ■

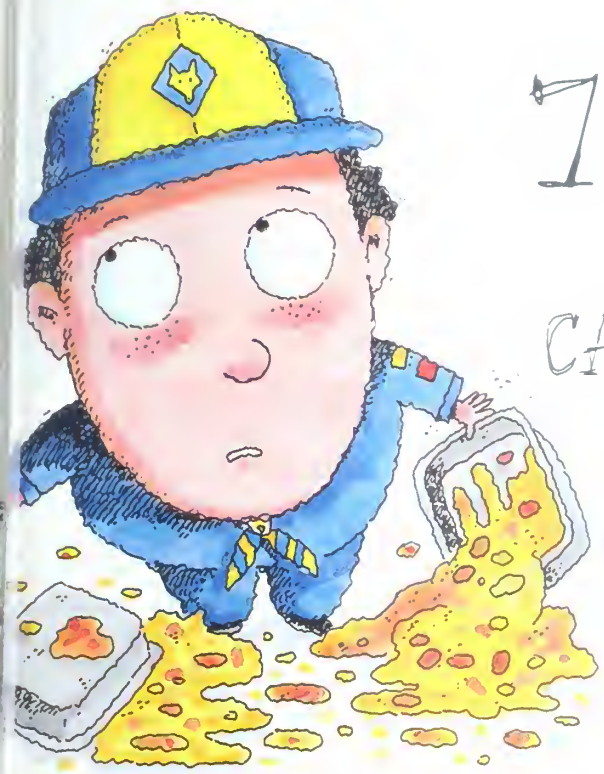
FAMILY CARE

- Children's National Medical Center, in Washington, D.C., has one of the largest pediatric sickle-cell anemia programs in the country. "It's like a second home to me," says Nataya Bain.
- The program stresses education: Parents learn everything from how to take a child's temperature to how to examine the spleen for signs of pooled blood, a potentially fatal emergency. "We believe in being very honest," notes program director Catherine Driscoll, M.D.

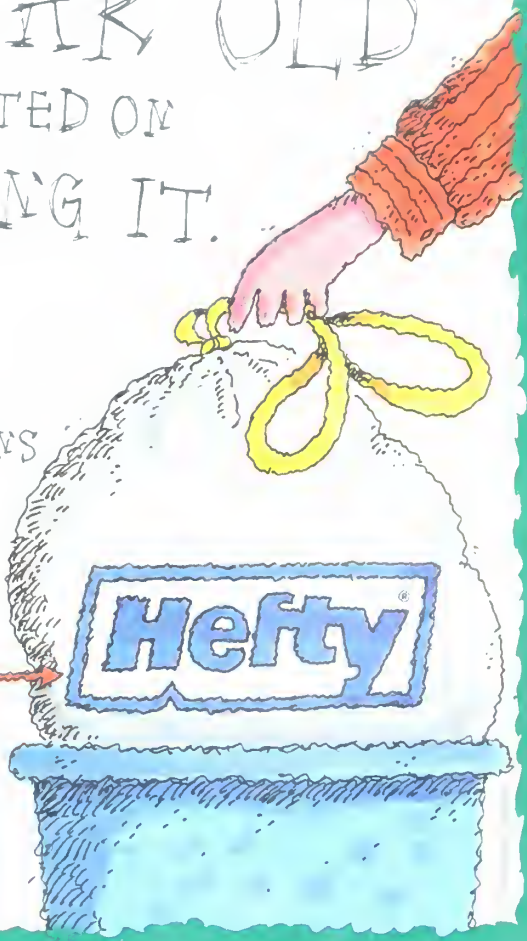
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EXPRESS Yourself!

Ever wonder what the creative life is really like? These three artists gave up their nine-to-five jobs to follow their dreams

By Cynthia Hanson

BIRTH OF A BUSINESS



Donna K. Whiteside Sallee, 44, decorative painter

Home base: Coral Springs, Florida

Education: Certificate in fine art and illustration from Paier College of Art, in Hamden, Connecticut

Gross annual sales: $35,000. Prices range from $45 for accessories up to $2,500 for furniture.

Clients: Lily Whites and Mulberry Place, two antiques and interiors shops, in Fort Lauderdale.

Her "office": Donna's garage is filled with piles of furniture, accessories and acrylic paint. Here, in this makeshift studio, Donna is living her dream: to work as an artist full-time.

Balancing work and family: After graduating from art school, Donna got married and put her career on hold. While raising her two daughters, Shannon, twenty, and Dana, seventeen, Donna worked part-time on various projects, from painting portraits to designing earrings. "The jobs filled my time," says Donna, "but they didn't fulfill me."

How she became a full-time artist: In the early nineties, she stumbled upon the work she loves when an interior designer hired her to paint a bedroom set and toy chest. "I love antique furniture and wooden pieces with interesting shapes," says Donna. "Decorative painting gave me a satisfaction that I never felt before."

In 1994, when her daughters *(continued)*


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SEGA DREAMCAST HOLIDAY GIFT PACKAGE



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BY PRIMA AND KIP WARD



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were teens, Donna finally had the time to start her own business. She took a few pieces to an upscale antiques shop. When the proprietor bought everything on the spot, Donna became convinced she could succeed.

The day-to-day: Today, she spends fifty hours a week on her art. Though clients often bring her furniture they want painted, Donna thrives on combing the local flea market every Tuesday, where she spends anywhere from $3 on a bowl (that retails for $150 after she paints it) up to $100 on a clock (that retails for $2,000).

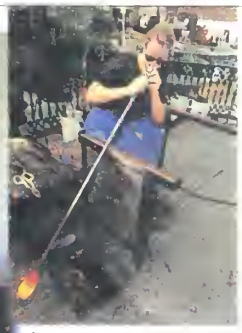
Back in the studio, she primes the surface, applies a color and base coat, and then brushes on a crackle glaze. Finally, she paints the design, applies an oil glaze and coats the piece with varnish. (Because demand for her work has grown, Donna recently hired an assistant.) On any day, Donna has about fifteen pieces in various stages of development.

Creative blocks: "Sometimes my mind is spinning with ideas that won't translate. If I try to work through it, I won't accomplish anything. So I rest or walk on the beach. Once I'm rejuvenated, I can fix what's wrong."

The business side: For Donna, mastering the business end was the toughest part of being a full-time artist. In the beginning, she practically gave away her wares. "It's live and learn with pricing," says Donna, whose husband, Steve, does her bookkeeping.

Why she does it: As she begins her fifth year in business, Donna can't imagine doing anything else. "I'll be driving down the highway with Dana and say, 'Look at that gorgeous cloud.' I notice shapes and shadows, and I think about incorporating them into my pieces."





(Above) Diane in her studio. Voilà! A sampling of finished products (left)

CAREER CHANGE ARTIST

Diane Hansen, 38, glassblower

Home base: Puyallup, Washington

Education: Studied at the Pilchuck Glass School, in Stanwood, Washington, and the Pratt Fine Arts Center, in Seattle.

Gross annual sales: $60,000. Price range for work: $350 for glass vegetables and $4,000 for one-of-a-kind sculptures.

Clients: Fifty galleries nationwide, including Foster White Gallery, in Seattle, and Jenkins Johnson Gallery, in San Francisco.

Job perk: Ten years ago, Diane wore suits and makeup to her job as an account representative for a real estate company. Today she simply brushes her teeth and pulls on a baseball cap, jeans and a T-shirt before heading to work. "Glassblowing is a shower-optional job," Diane says, chuckling. "I'm [illegible] sweaty after [illegible] pieces in and [illegible] anyway."

TAPPING YOUR TALENTS

You don't have to be artistic in the traditional sense to be creative. "Ultimately, creativity is about connecting two separate things and coming up with a new idea," says Jordan Ayan, author of Aha! 10 Ways to Free Your Creative Spirit and Find Your Great Ideas (Crown, 1997). In Aha!, Ayan recommends the following ways to boost your creativity:

- **GET CONNECTED.** Develop a network of people with whom you can share ideas.
- **CHANGE YOUR SCENERY.** Travel heightens curiosity and boosts energy.
- **KEEP AN IDEAS JOURNAL.** If you don't jot down an idea when it pops into mind, you risk losing it forever.

Julia Cameron, author of The Artist's Way (Tarcher, 1992), relies on three tools to keep her creativity flowing:

- **WRITE "MORNING PAGES"**—three pages of longhand, stream-of-consciousness ramblings on any topic—as soon as you wake up. "Morning pages bring clarity and energy."
- **GO ON AN "ARTIST'S DATE."** It doesn't matter what the activity is, as long as it's something you're curious about.
- **TAKE WALKS.** "Walking can help you clear your thoughts and add images to your life," says Cameron. "If a writer is struggling with a tangled plot and goes out for a walk, very often the plot will straighten itself out in her mind by the time she comes back home."

—C.H.

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fighter.



Growing evidence suggests that diets rich in antioxidants may help reduce the risk of some cancers and heart disease. A study from the USDA found that Welch's purple grape juice has more than three times the naturally-occurring antioxidants of other popular juices.

Welch's
SINCE 1869

dancing, but I have two left feet," she says.

Fire drill: Diane makes glass by melting trace minera in an industrial-style brick furnace. Then she gathers he glass on the end of a heavy five-foot metal blowpipe. As she shapes a piece, rotating the pipe, snipping off bit of glass, one assistant blows into the blowpipe while ano shields her from the heat. "If you're not in sync, it ruin the whole day," she says. Still, she admits, "So days, I'm on; some days I'm not."

A typical week: Diane spends two days in the " shop"—or glassblowing studio. She spends another t days keeping records, shipping pieces to galleries a brainstorming ideas. On the other weekday, she st home with her girls, Madisen, four, and Raleigh, o (When Diane is in the studio, Madisen attends presch and Raleigh stays with her grandmother.) And she bri Madisen to work with her on occasion. "I think it's i portant for girls to see women doing nontradition work," says Diane.

The business side: Diane earns just 35 percent of the sa price on any item: The gallery takes 50 percent and h sales representative keeps another 15 percent. "If I had market myself, it would distract me from my art," s says. It costs Diane $500 a day to rent the studio, hire tw assistants and buy raw materials.

Why she does it: "I have so many visions of things want to create," says Diane. "And I haven't even reach my peak yet."

EXPRESS YOURSELF!

Continued

Defining moment: In 1990, Diane gladly swapped her company car and expense account for the unglamorous life of a glass artist. "The corporate thing wasn't for me," she says. "It was a struggle to get through the day. I was bored, frustrated and stressed out."

How she discovered her new career: Despite dabbling in art during college, Diane had settled on a business major. "Deep down, I always knew I was an artist. But I couldn't find my medium."

Then, in 1990, Diane saw women blowing glass at a charity auction. "It just grabbed me," she says. "I liked ev erything about it—the constant motion, the planning, the teamwork." She enrolled in an introductory course, and within months she'd quit her job to study glassblowing full-time, relying on her husband, an owner of an aerospace machine shop, to pay the bills. She never looked back.

She's the boss: In 1995, after five years of working as a $6-an-hour apprentice to established artists, Diane struck out on her own. Under the name Metropolitan Glass, she now produces brightly colored decorative glass vegetables. She also creates sculptures that celebrate Latin dance—a sensuous "Samba Treasure Chalice" and the "Cha Cha Twist," an opulent vase with a specterlike stopper. "I love the elegance of ballroom

defender.



People who follow a balanced diet th includes five or more servings of fruits a vegetables each day may lower their risk developing some cancers and heart disea Just one six-ounce glass of Welch's purp grape juice counts as one serving of fruit.

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day, many cardiologists recommend a
aspirin regimen to their patients for
nti-clotting benefits. In preliminary
al research, drinking purple grape juice
day also provided significant anti-
g effects. Research is
ng to confirm these
raging findings.

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Taking the plunge: In 1985, Lisa began to place her work in local galleries. Encouraged by early sales, she went full time.

Finding her niche: Three years later, Lisa swapped paint brushes for pastels. "I mostly taught myself pastels," she says proudly. "I wanted richer colors in my work, and I wanted to feel my hands on the paper. Also, watercolors require lots of drying time, and with a baby on the way, I needed to find a medium that allowed me to work with little prep time."

The business side: Staying with a gallery is just part of the challenge. She juggles studio space, buys materials, negotiates prices and manages her relationships with gallery owners. "It's something that you learn by doing." What about paperwork? "I just do it," she says, "and I try not to make it harder by worrying about it."

The downside: Today, Lisa sells about twenty paintings per year. Months can pass without a sale. Cash flow is a constant problem, so she lives frugally—no exotic vacations, no restaurant meals.

Moonlighting: To supplement her modest income, Lisa recently became a production office manager at a mail-order company. From nine A.M. to three P.M., she works there, then works five hours painting and handling paperwork.

Why she does it: "Things get tough, and sometimes I won't paint for days. Then I'll see a dazzling reflection in the river. My heart will race, and I'll rush back to my studio." ■

Cynthia Hanson, a contributing editor for Chicago magazine, expresses her creativity through photography and cooking.

isa relies on tographs she takes outdoors, ften with her son, Alex



E JUGGLING ACT

Marie Waters, 41, pastels artist

ne base: Arcata, California

ication: B.F.A. in fine arts from Humboldt State versity, in Arcata, California

ss annual sales: $30,000. Prices range from $2,000 to $4,800.

ents: Joanne Chappell Gallery, in San Francisco; ed Gallery, in Lincoln City, Oregon; and The Attic, Portland, Oregon.

former life: Lisa owned a design firm that created lo-, brochures and catalogs for companies. "I loved seeing es of letterhead featuring a design I'd created," recalls , who married in 1982 and later divorced. But the st in Lisa—the one who sketched as a child—felt sti-l. So at night, she'd paint watercolors.

and tasty, too.



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TIM ALLEN Time

After eight years on the hit show *Home Improvement*, he's hammering out a new life as a movie star By Lawrence Grobel



"My biggest fear is that I won't be funny anymore," says Allen

Q Do you miss Home Improvement?

A Terribly. Patricia Richardson [my TV wife, Jill] and I gave everybody rings, like graduation rings. It was as if we had graduated from an eight-year sitcom college. I couldn't even get through the last taping. I was weeping.

Q: Was it at all difficult to turn your back on $50 million for a ninth season of Home Improvement?

A: You want to just think about that question for a minute? Yeah. I got comments like: "Are you crazy?" My favorite was: "How bad can nine months be?" That one, from a very close friend, really set me back. You do what you've got to do.

Q: Why are men portrayed on TV sitcoms as dumb slugs and idiots?

A: I still believe that you never knew if Tim Taylor on our show was feigning stupidity or if he really was stupid. And that's what all men are like.

Q: What TV shows do you watch?

A: I've got four TVs in one room and I channel-surf. My wife walks in and I'm watching a show on Sherman tanks and she thinks I'm nuts. Speedvision—it's like guy TV. Wooden boats, airplanes, and hot rods. I can keep that on twenty-four hours a day, like background music.

Q: You've got two movies coming out. Do you think Toy Story 2 will be as innovative as the first one?

A: You're hearing it from Buzz Lightyear now: It's better than the first one. It didn't start out that way, but it's three years in the process. Both Tom Hanks and I love these characters. It's the reverse of the original story. Woody is the innocent, and I turn into something different.

Q: How important is it for you to become a movie star along the ranks of Tom Hanks and Robin Williams?

A: I've been fortunate that of the four movies I've done, three have been successes. That's what the movie business cares about. It's all about money. Those guys [Hanks and Williams] are kind of [illegible]

did. The longer you do it, the more you're labeled a TV guy.

Q: What's the premise of your new movie, Galaxy Quest, which comes out in December?

A: Aliens pick up our television show's signal from space and they think we are the heroes that we play on TV. We think going up in space is a good way to bolster our careers. We fail pathetically and get the aliens in pretty serious trouble, and then we get them out of trouble.

Q: Sigourney Weaver is your co-star. Any references to her past Alien films?

A: I do it constantly on the set. I'm kissing Ripley! We get pretty romantic in this. I've got a bunch of *Alien* memorabilia at my house and I've been bringing things out for her to sign.

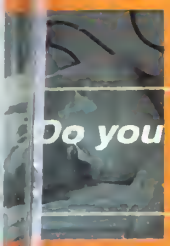
Q: Why did you take on this particular role?

A: I wanted to see if I could be an action-adventure hero—it's every guy's fantasy. But there are a lot of shirtless scenes, and I wasn't prepared for that. I'm waiting for people to burst out laughing, but they might not because the story is wonderful.

Q: What's the difference between being a TV star and being a movie star?

A: The practical side is in movies I get two hours between scenes. *(continued)*

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1 Do you wake up short of breath?



2 Does climbing stairs make you wheeze?



3 use a -acting inhaler more than twice a week?



u answered "yes" to even one of these questions, you may not be the asthma control you could. Ask your doctor about how NT can help control your asthma better.

d twice a day, every day, FLOVENT helps reduce the inflammation ir airways – the very inflammation that causes shortness of breath, wheezing, and asthma attacks. Because FLOVENT helps control the inflammation that causes asthma symptoms in the first place, it actually helps improve lung function over time. Side effects with FLOVENT are generally. The most common side effects in medical studies of patients FLOVENT up to 440 mcg twice daily were: headache (17% - 22%), respiratory infection (15% - 22%), nasal congestion (8% - 16%), sore throat (10% - 14%), and influenza (3% - 8%).



Important Information About FLOVENT

FLOVENT won't replace fast-acting inhalers for sudden attacks. It's important to be careful if your doctor switches you to FLOVENT, an inhaled steroid, from an oral steroid like prednisone. While adjusting to the decreasing doses of prednisone, your body is not as able to heal after surgery, infection, or serious injury. Indicated for patients aged 12 years and older. See your doctor if your asthma does not improve.

ASK YOUR DOCTOR whether FLOVENT is right for you.

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BRIEF SUMMARY

FLOVENT® 44 mcg
(fluticasone propionate, 44 mcg)
Inhalation Aerosol

FLOVENT® 110 mcg
(fluticasone propionate, 110 mcg)
Inhalation Aerosol

FLOVENT® 220 mcg
(fluticasone propionate, 220 mcg)
Inhalation Aerosol

For Oral Inhalation Only

The following is a brief summary only, see full prescribing information for complete

CONTRAINDICATIONS: FLOVENT Inhalation Aerosol is contraindicated in [illegible] where intensive measures are required.

Hypersensitivity to any of the ingredients in these preparations is contraindicated. Mild

WARNINGS:

Particular care is needed for patients who are transferred from systemically active corticosteroids to FLOVENT Inhalation Aerosol because deaths due to adrenal insufficiency have occurred in patients with asthma during and after transfer from systemic corticosteroids. In patients requiring systemic corticosteroids. After withdrawal from systemic corticosteroids, a number of months are required for recovery of hypothalamic-pituitary-adrenal (HPA) function.

Patients who have been previously maintained on 20 mg or more per day of prednisone equivalent may be most susceptible, perhaps because their systemic corticosteroids have been almost completely withdrawn. During this period of HPA suppression, such patients may exhibit signs and symptoms of adrenal insufficiency when exposed to trauma, surgery or infection (particularly gastroenteritis) or other conditions associated with severe electrolyte loss. Although fluticasone propionate inhalation aerosol may provide control of asthma symptoms during these episodes, it delivers reduced systemic corticosteroid than normal physiological amounts of glucocorticoid systemically and does NOT provide the mineralocorticoid activity that is necessary for coping with these emergencies.

During periods of stress or a severe asthma attack, patients who have been withdrawn from systemic corticosteroids should be instructed to resume oral corticosteroids (in large doses) immediately and to contact their physicians for further instruction. These patients should also be instructed to carry a warning card indicating that they may need supplementary systemic corticosteroids during periods of stress or a severe asthma attack.

Patients requiring oral corticosteroids should be weaned slowly from systemic corticosteroid use after transferring to fluticasone propionate inhalation aerosol. In a trial of 96 patients, prednisone reduction was successfully accomplished by reducing the daily prednisone dose by 2.5 mg on a weekly basis during transfer to inhaled fluticasone propionate. Successive reduction of prednisone dose was allowed only when lung function (symptoms, and as-needed beta-agonist use were better than or comparable to that seen before initiation of prednisone dose reduction. Lung function (forced expiratory volume in 1 second [FEV_1] or morning peak expiratory flow rate [AM PEFR]), beta-agonist use, and asthma symptoms should be carefully monitored during withdrawal of oral corticosteroids. In addition to monitoring asthma signs and symptoms, patients should be observed for signs and symptoms of adrenal insufficiency such as fatigue, lassitude, weakness, nausea and vomiting, and hypotension.

Transfer of patients from systemic corticosteroid therapy to fluticasone propionate inhalation aerosol may unmask conditions previously suppressed by the systemic corticosteroid therapy, e.g., rhinitis, conjunctivitis, eczema, and arthritis.

Persons who are using drugs that suppress the immune system are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in susceptible children or adults on corticosteroids. In such children or adults who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information.) If chickenpox develops, treatment with antiviral agents may be considered.

Fluticasone propionate inhalation aerosol is not to be regarded as a bronchodilator and is not indicated for rapid relief of bronchospasm.

As with other inhaled asthma medications, bronchospasm may occur with an immediate increase in wheezing after dosing of bronchospasmic symptoms occurs following dosing with FLOVENT Inhalation Aerosol, it should be treated immediately with a fast-acting inhaled bronchodilator. Treatment with FLOVENT Inhalation Aerosol should be discontinued and alternative therapy instituted.

Patients should be instructed to contact their physicians immediately when episodes of asthma that are not responsive to bronchodilators occur during the course of treatment with fluticasone propionate inhalation aerosol. During such episodes, patients may require therapy with oral corticosteroids.

PRECAUTIONS:

General: During withdrawal from oral corticosteroids, some patients may experience symptoms of systemically active corticosteroid withdrawal (e.g., joint and/or muscular pain, lassitude, and depression) despite maintenance or even improvement of respiratory function.

Fluticasone propionate will often permit control of asthma symptoms with less suppression of HPA function than therapeutically equivalent oral doses of prednisone. Since fluticasone propionate is absorbed into the circulation and can be systemically active at higher doses, the beneficial effects of fluticasone propionate inhalation aerosol in minimizing HPA dysfunction may be expected only when recommended dosages are not exceeded and individual patients are titrated to the lowest effective dose. A relationship between plasma levels of fluticasone propionate and inhibitory effects on stimulated cortisol production has been shown after 4 weeks of treatment with fluticasone propionate inhalation aerosol. Since individual sensitivity to effects on cortisol production exists, physicians should consider this information when prescribing fluticasone propionate inhalation aerosol.

Because of the possibility of systemic absorption of inhaled corticosteroids, patients treated with these drugs should be observed carefully for any evidence of systemic corticosteroid effects. Particular care should be taken in observing patients postoperatively or during periods of stress for evidence of inadequate adrenal response.

It is possible that systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear in a few sensitive patients, particularly at higher doses. If such changes occur, fluticasone propionate inhalation aerosol should be reduced slowly consistent with accepted procedures for reducing systemic corticosteroids and for management of asthma symptoms.

A reduction of growth velocity in children or teenagers may occur as a result of inadequate control of chronic diseases such as asthma or from the use of corticosteroids for treatment. Physicians should closely follow the growth of adolescents taking corticosteroids by any route and weigh the benefits of corticosteroid therapy and asthma control against the possibility of growth suppression in an adolescent's girl who appears slower.

The long-term effects of fluticasone propionate in human subjects are not fully known, in particular the effects resulting from the redistribution of fluticasone propionate on developmental or immunologic processes in the mouth, pharynx, trachea, and lung are unknown. Some patients have been treated with fluticasone propionate inhalation aerosol on a continuous basis for periods of 3 years or longer. In clinical studies with patients treated for these periods with inhaled fluticasone propionate, no apparent differences in the type or severity of adverse reactions were observed after long-versus short-term therapy.

Rare instances of glaucoma, increased intraocular pressure, and cataracts have been reported following the inhaled administration of corticosteroids, including fluticasone propionate.

In clinical studies with inhaled fluticasone propionate, the development of localized infections of the pharynx with *Candida albicans* has occurred. When such an infection develops, it should be treated with appropriate local or systemic (i.e., oral antifungal) therapy while continuing therapy with fluticasone propionate inhalation aerosol, but at times therapy with fluticasone propionate may need to be interrupted.

Inhaled corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculous infections of the respiratory tract; untreated systemic fungal, bacterial, viral or parasitic infections; or ocular herpes simplex.

Eosinophilic Conditions: In rare cases, patients on inhaled fluticasone propionate may present with systemic eosinophilic conditions, with some patients presenting with clinical features of vasculitis consistent with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. Cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids. Prescribers should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see ADVERSE REACTIONS).

Information for Patients: Patients being treated with FLOVENT Inhalation Aerosol should receive the following information and instructions. This information is intended to help them use the drug safely and effective use of this medication. It is not a discussion of all possible adverse or intended effects.

Patients should be instructed to use FLOVENT Inhalation Aerosol at regular intervals as directed. Results in clinical trials indicated significant improvement within the first day of treatment; however, the full benefit may not be achieved until treatment has been administered for 1 to 2 weeks. Patients should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens.

Patients should be warned to avoid exposure to chickenpox or measles and, if they are exposed, to consult their physician without delay. Patients should be cautioned that FLOVENT Inhalation Aerosol and no other medication should be used to treat acute asthma symptoms that occur during treatment with FLOVENT Inhalation Aerosol. Patients should be told to contact their physician immediately when episodes of asthma not responsive to bronchodilators occur, when they need more inhalations than usual of their bronchodilator medication, or when their peak flow measurements decrease. They should not discontinue therapy with FLOVENT Inhalation Aerosol unless directed to do so by a physician. Patients should be told to rinse their mouth after inhalation.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no evidence of carcinogenicity in [illegible] times the maximum human daily inhalation dose (based on mg/m² for 78 weeks of inhalation exposure in mice and 104 weeks in the rat). The maximum human daily inhalation dose based on mcg/m² for 104 weeks in the rat).

[illegible] gene mutation in prokaryotic or eukaryotic cells in vitro or significant increase in the frequency of micronucleated erythrocytes in the bone marrow of treated mice, an in vivo test when administered at high doses by the oral or subcutaneous routes. Furthermore, [illegible] was devoid of clastogenic activity in bone marrow.

[illegible] conducted in rats dosed subcutaneously, with doses up to approximately 4 times the maximum human dose based on mcg/m² in males and females. However, prostate weights [illegible]

Pregnancy: *Teratogenic Effects:* [illegible] in the mouse and rat at 45 and [illegible] respectively, [illegible] maximum human dose based on mcg/m², respectively. Developmental toxicity characteristic of potent glucocorticoids [illegible] phalocele, cleft palate, and retarded cranial ossification.

[illegible] cleft palate were observed following subcutaneous doses of 4 mcg/kg (approximately 1/25 the maximum human dose based on mcg/m²); however following oral administration of up to 300 mcg/kg (approximately 3 times the maximum human dose based on mcg/m²), [illegible] one pronounce to the rabbit, there were no maternal effects nor increased incidence of external, visceral, or skeletal malformations. [illegible] propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of full prescribing information).

[illegible] the administered dose crossed the placenta following oral administration of 100 mcg/kg to rats or 300 mcg/kg to rabbits (approximately [illegible] maximum human daily inhalation dose based on mcg/m², respectively).

[illegible] adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Experience with oral corticosteroids since their introduction in pharmacological, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from glucocorticoids than humans. In addition, because there is a natural increase in glucocorticoid production during pregnancy, most pregnant women require a lower exogenous glucocorticoid dose and many will not need glucocorticoid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. Subcutaneous administration of 10 mcg/kg to lactating rats (approximately 1 [illegible] the maximum human daily inhalation dose based on mcg/m²) resulted in measurable radioactivity in blood and milk. Because glucocorticoids are excreted in human milk, caution should be exercised when fluticasone propionate inhalation aerosol is administered to a nursing woman.

Pediatric Use: One hundred thirty-seven (137) patients between the ages of 12 and 16 years were treated with fluticasone propionate inhalation aerosol in the US pivotal clinical trials. The safety and effectiveness of FLOVENT Inhalation Aerosol in children below 12 years of age have not been established. Growth suppression in corticosteroids have been shown to cause a reduction in growth velocity in children and teenagers with extended use. If a child or teenager on any corticosteroid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of corticosteroids should be considered (see PRECAUTIONS).

Geriatric Use: Five hundred seventy-four (574) patients 65 years of age or older have been treated with fluticasone propionate inhalation aerosol in clinical trials. There were no differences in adverse reactions compared to those reported by younger patients.

ADVERSE REACTIONS: The following incidence of common adverse experiences is based upon 7 placebo-controlled US clinical trials in which 1243 patients (509 female and 734 male adolescents and adults previously treated with as-needed bronchodilators and/or inhaled corticosteroids were treated with fluticasone propionate inhalation aerosol (doses of 88 to 440 mcg twice daily for up to 12 weeks) or placebo.

Overall Adverse Experiences With >3% Incidence on Fluticasone Propionate in US Controlled Clinical Trials With in Patients Previously Receiving Bronchodilators and/or Inhaled Corticosteroids

Adverse event	Placebo (n = 475) %	FLOVENT 88 mcg twice daily (n = 488) %	FLOVENT 220 mcg twice daily (n = 95) %	FLOVENT 440 mcg twice daily (n = 16) %
Ear, nose and throat				
Pharyngitis	7	10	14	14
Nasal congestion	8	8	16	10
Sinusitis	4	3	6	5
Nasal discharge	3	5	4	4
Dysphonia	1	4	3	8
Allergic rhinitis	4	5	3	3
Oral candidiasis	1	2	3	5
Respiratory				
Upper respiratory infection	[illegible]	15	22	16
Influenza	2	3	8	5
Neurological				
Headache	14	17	22	17
Average number of exposure (days)	44	66	64	59

The table above includes adverse events, whether considered drug-related or nondrug-related by the investigators, that occurred at a rate of over 3% in [illegible] fluticasone propionate inhalation aerosol groups and were more common than in the placebo group. In considering these data, differences in average duration of exposure should be taken into account.

These adverse reactions were mostly mild to moderate in severity, with <2% of patients discontinuing the studies because of adverse events. Rare cases of immediate and delayed hypersensitivity reactions, including urticaria and rash and other rare events of angioedema and bronchospasm, have been reported.

Systemic glucocorticoid side effects were not reported during controlled clinical trials with fluticasone propionate inhalation aerosol. If recommended doses are exceeded, however, individuals are particularly sensitive, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

Other adverse events that occurred in these clinical trials using fluticasone propionate inhalation aerosol with an incidence of 1% to 3% and which occurred at a greater incidence than with placebo were:

Ear, Nose, and Throat: Pain, nasal sinus, [illegible] rhinitis.

Eye: [illegible] in the eyes.

Gastrointestinal: Nausea and vomiting, diarrhea, dyspepsia, and stomach disorder.

Miscellaneous: Fever.

Mouth and Teeth: Dental problem.

Musculoskeletal: Pain, [illegible] spasm, stra[illegible]aches, [illegible] pain in limb.

Neurological: Dizziness, dizziness.

Respiratory: [illegible] chest [illegible].

Skin: [illegible] rash, [illegible] rash.

Urogenital: Dysm[illegible].

In a 6-week study of patients with asthma [illegible] oral corticosteroids, the effects of fluticasone propionate inhalation aerosol, 660 mcg twice daily, [illegible] twice daily were compared with placebo. Adverse events (whether considered drug-related or nondrug-related by the investigator) reported by more than [illegible] fluticasone propionate group and which were more common with fluticasone propionate than with placebo were:

Ear, Nose, and Throat: Pharyngitis (19% and 22%), nasal congestion (19% and 22%), sinusitis (19% and 22%), nasal discharge (16% and 16%), [illegible] (11% and 13%), Candida-like oral lesions (16% and 9%), oropharyngeal candidiasis (25% and 19%).

Respiratory: [illegible] influenza (9% and 13%).

Other: [illegible] and 13%), nausea and vomiting (22% and 16%), muscular soreness (22% and 13%).

Observed During Clinical Practice: In addition to adverse events reported from clinical trials, the following events have been identified during postapproval use of fluticasone propionate. Because they are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. These events include those [illegible] either their seriousness, frequency of reporting, causal connection to fluticasone propionate, or a combination of these factors.

Ear, Nose, and Throat: [illegible] aphonia.

Endocrine and Metabolic: [illegible] reduction in children/adolescents, weight gain, hyperglycemia.

Psychiatry: [illegible].

Respiratory: [illegible] dyspnea, wheeze, chest tightness, bronchospasm, cough.

Skin: [illegible].

Eosinophilic Conditions: [illegible] fluticasone propionate may present with systemic eosinophilic conditions, with some patients presenting with [illegible] with Churg-Strauss syndrome, a condition that is often treated with systemic corticosteroid therapy. These events usually, but not always, have been associated with the reduction and/or withdrawal of oral corticosteroid therapy following the introduction of fluticasone propionate. [illegible] cases of serious eosinophilic conditions have also been reported with other inhaled corticosteroids in this clinical setting. Prescribers should be alert to eosinophilia, vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in their patients. A causal relationship between fluticasone propionate and these underlying conditions has not been established (see PRECAUTIONS: Eosinophilic Conditions).

OVERDOSAGE

[illegible] hypercorticism (see PRECAUTIONS). Inhalation by healthy volunteers of a single dose of 1 mg was well tolerated. Fluticasone propionate given by inhalation aerosol at doses of [illegible] was also well tolerated. Repeat oral doses up to 80 mg daily for 10 days in healthy patients were well tolerated. Adverse reactions were of mild or moderate severity, and [illegible]. The oral and subcutaneous median lethal doses in rats and mice were >1000 mg/kg.

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M ..LEN

TV t's go, go, go, go, go, go, go

: Th roceeds from your signature ol I go to children's charities.

hat: ols should every woman have he olbox?

M ammer, of course. My eg o multi-head screwdriver. My all drill. A tape measure and a level

: Yo comedy celebrates what's cool ou ys. What is cool about guys?

T r hobbies. Fly-fishing. Hot ds y hot rod, the Licorice, once ok ond place in the Oakland oa r Show. I like to be around vs no like airplanes, cars, boats — s e than speed and power, it's o out how things work.

V t's cool about women?

E ything. How they smell, how ey ok, how they feel, how they n How they react to each other is ca different than how men react to ch her. And the older I get, the s now about them.

W / don't men and women d and each other?

y do, if they'll just quiet down. h ever my wife and I disagree, it's ng: what I heard her say, what e ard me say—what happens is the l ion came out on the wrong o or she takes a word and makes it i important than I meant it to be. d down. Make eye contact. "This t I mean." Very rarely do you to that. You say stuff off the cuff urts them, and they do it back.

w much stress do you cause in vife's life?

ou'd have to ask her. I have a lot sion for my work. I like ing sports. The stress I cause is ing a guy. I'm not spending gh quality time with my family.

ou said you saw your baby, Kady, born, and felt "alienation" and lute aloneness." Why?

listanced myself emotionally after ther was killed. I withdrew into a d of model cars. I'm still coming of it. When my baby was born, I faced with the reality that this is one who's going to need me for est of my life. I watched my wife to the baby] all during pregnancy and felt dist[illegible] [continue to [illegible] to her. There [illegible] her. She's [illegible] I think I dog [illegible]

Q: Kady is nine now. Why has parenting been so difficult for you?

A I don't understand little girls. I have two sisters and six brothers, so I know boys pretty well. I'm reading books on little girls. I try to understand what they go through. I know how to play with boys. I understand their lunacy — guns and hitting. You roughhouse and they like that. And I'm a little frightened of how much Kady loves me. It's scary.

Q: Are you naturally funny?

A Yes.

Q: Who are some of the comedians you like?

A Richard Pryor has always been my favorite. He struggled with an interesting childhood, which is the best way I can put it. I'm also a big fan of Lenny Bruce, a troubled man all the way through.

Q: Why are troubled guys drawn to comedy?

A You have no choice. If you're like me, it just kept coming. It's the most enjoyment I get in my life, doing jokes. I've had many things in my life taken from me as a boy and my biggest fear is that I won't be funny anymore.

Q: Why has success been bittersweet?

A The sweet part is I get the opportunity to meet people. I get to drive a tank. Be on an aircraft carrier. Stupid stuff. The bitter part is I love water parks but I'm unable to take my daughter and her friends there because of overzealous fans. I make adjustments.

Q: What do you splurge on?

A Watches and binoculars. I have six-hundred-dollar binoculars at my house and at my vacation house.

Q: And what do you look at through those binoculars?

A On Lake Michigan. I watch boats. Trees. In my house here we have a beautiful garden so we watch the hummingbirds and other birds. No *Rear Window*. ■

Laurence Grobel lives in Los Angeles and writes frequently for Movieline.



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A SIMPLE Plan

After too many years of chaotic Christmases, my family finally discovered the secrets of a stress-free holiday season

By Holly Robinson



LESS IS MORE

My family met to plot our strategy; we chose simple decorations, like a classy wreath for the door, instead of Martha Stewart–inspired creations; our girls happily took over Christmas card duty, and they wrapped gifts in newspaper and lunch bags when we ran out of paper

My husband, Dan, and I celebrated our first Christmas together four years ago, when our children (from previous marriages) were five, six, seven and eight. Our divorce induced guilt, combined with our efforts to smooth the family-blending process, led to such a gift bonanza that when I heard that nearly two million tons of wrapping paper were tossed out in 1996, I felt personally responsible. Adding another baby to the family last year did nothing to decelerate the Christmas chaos.

We're not the only ones paying homage at the altar of Christmas overkill. Last year the average American family shelled out more than $1,300 on Christmas gifts and decorations, according to American Express. Between Thanksgiving and Christmas, card sales jump 25 percent, and we produce an extra five million tons of trash. Ninety-two percent of people surveyed by the Center for a New American Dream, a not-for-profit organization in Takoma Park, Maryland, say they overspend during the holidays.

As much as I hated the way I'd bottomed out my bank account during Christmases past, what bothered me more was the stress of holiday preparations. Dan and I were well-intentioned but overcommitted, spending the bulk of our time working, shopping, decorating, cleaning and cooking, when what we really wanted to do was spend quality time together on the holidays with the family. So last year we decided to do less. Here are the [illegible] that worked for us. *(continued)*


nt an easy dessert that everyone will love?
Make pizza.
Great for Baking
HERSHEY'S
COCOA
NET WT. 8 OZ.
Hershey's Easy Pizza Brownie
3/4 c. (1½ sticks) butter or margarine, melted
1½ c. sugar
1½ tsp. vanilla extract
3 eggs
1/2 c. HERSHEY'S Cocoa
3/4 c. all-purpose flour
1/2 tsp. baking powder
1/4 tsp. salt
1. Heat oven to 350°F. Grease 12" pizza pan or 13"x9" baking pan. If using a disposable pizza pan, place on cookie sheet to bake.
2. Use only a spoon to beat melted butter, sugar, vanilla and eggs in large bowl. Stir in dry ingredients until well blended. Spread into pan.
3. Bake 20 to 22 min. or until top springs back when touched lightly. Serve plain or sprinkle hot brownie with HERSHEY'S chocolate or white chips, REESE'S® Peanut Butter Chips, MOUNDS® Coconut, SKOR® or HEATH® Toffee Bits.
For more recipes: www.hersheys.com/cookbook
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At last, a leisurely, peaceful Christmas Day

(continued) • **GET THE KIDS ON YOUR SIDE.** I called a family meeting. While my stepson balked at the idea of cutting back on gifts, he admitted that what he treasured most about Christmas was time to play board games. So we put that high on our list of holiday traditions. My son announced that he loved the chaos of Christmas. When I told him we could still have "good" chaos by visiting with friends and relatives, playing games and watching Christmas movies, he was satisfied. Our daughters said that they looked forward to opening the stocking gifts because "tiny things are the cutest." That's good, we told them, because they're also the cheapest.

• **BREAK STRESSFUL HOLIDAY HABITS.** Dan and I conferred about the things we did every year that added undue craziness to the season. My problem was shopping; his was cooking. Both of us learned that the key to easing these burdens is understanding your motives.

In the past, I've often bought two presents for certain people because I'm scared I'll buy the wrong thing, that I won't send that "I love you" message strongly enough. To change this mind-set, I put myself in the place of the person on the receiving end of my gift. Would my sister-in-law want me to be nervous about what I gave her? Of course not. This way of thinking took the pressure off the gift-buying process, and I was finally able to limit myself to one present per person.

When I asked Dan to give up some of his Christmas cooking, which typically consisted of four appetizers, roast beef, several side dishes, three desserts and a special holiday drink, he was aghast.

"I have to keep the roast beef and Yorkshire pudding," he said. "And one dessert."

"But not the Yule log [a rolled chocolate cake with buttercream filling]," I insisted. "And no more than one appetizer."

In the end, Dan was relieved that he had time for a drink with the family before dinner—and was able to enjoy the meal.

• **GIVE MEANINGFUL GIFTS.** When Dan and I bought our home, an 1830 farmhouse, we realized that it lacked one essential thing: closets.

"How did they live like this?" I marveled.

Dan shrugged. "Nobody had more than two outfits back in those days."

I thought about this as I made my Christmas gift list. Did anybody really need another sweater? Another tie? Another shirt? No. In fact, everyone on my list probably had everything they needed. What could I give them? Photographs in beautiful frames. Charitable contributions, journals, music, books, gift certificates to restaurants. Not only would I spend less time shopping for these gifts, but I would feel good about giving them.

> Did anybody really need another sweater? No. In fact, everyone on my list probably had everything they needed

I shared this news flash with my extended family, and it was met with sighs of relief. My dad decided to send us gift certificates to the local movie theater, and my mother bought the kids books, pens, fancy barrettes.

The children rapidly got into the spirit of creative gift giving. My daughter worked with her stepdad to make a tiny wooden stand for a bronze statue on my desk, and my son gave me his blank leather journal, which I had admired. All of the children gave us "gift certificates," which could be cashed in whenever we needed extra help.

• **DON'T TRY TO BE MARTHA STEWART.** In the past, I've bought the materials to make elaborate Christmas ornaments and home [illegible] only to fall prey to stress and [illegible]. I realized that my desire to create a [illegible] place was guilt-driven: I have [illegible] ways of my mother and *(continued)*

cool are you with menopause?

Introducing Cenestin.™

Made from plants. A cool choice relieve the hot flashes of menopause.

Menopause is an individual experience. Shouldn't your choice for symptom relief be, too?

Now, Cenestin offers you an FDA-approved choice in estrogen replacement therapy that's 100% derived from soy and yam, instead of Premarin®, which is made from pregnant horses' urine.* The choice of how you control the hot flashes and night sweats of menopause is yours.

So, how cool are you with menopause? As cool as you choose to be! Talk to your doctor about plant-derived Cenestin . . . and make the cool choice, your choice.

Cenestin is indicated for the treatment of vasomotor symptoms (such as hot flashes and night sweats) associated with menopause. As with any prescription drug therapy, some women may experience side effects when taking estrogens. In the Cenestin clinical trial, the most frequently reported adverse events were headache and insomnia, which occurred with similar frequency in the placebo group. You should not use hormone replacement therapy if you are pregnant because of possible risk to the fetus. Be sure to discuss your personal or family history of breast cancer, breast lumps, abnormal vaginal bleeding, and abnormal blood clotting with your healthcare provider. If you have not had a hysterectomy, taking estrogen alone may increase your chances for uterine cancer. Adding a progestogen lowers this risk significantly.





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0.625 mg, 0.9 mg

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BRIEF SUMMARY

ESTROGENS INCREASE THE RISK OF ENDOMETRIAL CARCINOMA. Close clinical surveillance of all women taking estrogens is important. Adequate diagnostic measures, including endometrial sampling when indicated, should be undertaken to rule out malignancy in all cases of undiagnosed persistent or recurring abnormal vaginal bleeding. There is no evidence that natural estrogens are more or less hazardous than synthetic estrogens at equivalent estrogen doses.

INDICATIONS AND USAGE

Cenestin (synthetic conjugated estrogens, A) Tablets are indicated in the treatment of moderate-to-severe vasomotor symptoms associated with the menopause.

CONTRAINDICATIONS

Estrogens should not be used in individuals with any of the following conditions:

1. Known or suspected pregnancy (see **PRECAUTIONS**)
2. Undiagnosed abnormal genital bleeding
3. Known or suspected cancer of the breast (except in appropriately selected patients being treated for metastatic disease)
4. Known or suspected estrogen-dependent neoplasia
5. Active thrombophlebitis or thromboembolic disorders

WARNINGS

1. **Induction of malignant neoplasms.**
   a. **Endometrial cancer.** The reported endometrial cancer risk among unopposed estrogen users is about 2- to 12-fold greater than in non-users, and appears dependent on duration of treatment and on estrogen dose. Most studies show no significant increased risk associated with use of estrogens for less than one year. The greatest risk appears associated with prolonged use, with increased risks of 15- to 24-fold for five to ten years or more, and this risk has been shown to persist for at least 8-15 years after estrogen therapy is discontinued.
   b. **Breast cancer.** While the majority of studies have not shown an increased risk of breast cancer in women who have ever used estrogen replacement therapy, there are conflicting data whether there is an increased risk in women using estrogens for prolonged periods of time, especially in excess of 10 years.
2. **Venous thromboembolism.** Three epidemiologic studies have found an increased risk of venous thromboembolism (VTE) in users of estrogen replacement therapy (ERT) who did not have predisposing conditions for VTE, such as past history of cardiovascular disease or a recent history of pregnancy, surgery, trauma, or serious illness. The increased risk was found only in current ERT users; it did not persist in former users. The findings were similar for ERT alone or with added progestin and pertain to commonly used ERT types and doses, including 0.625 mg or more per day orally of conjugated estrogens, 1 mg or more per day orally of estradiol, and 50 µg or more per day of transdermal estradiol. The studies found the VTE risk to be about one case per 10,000 women per year among women not using ERT and without predisposing conditions. The risk in current ERT users was increased to 2-3 cases per 10,000 women per year.
3. **Cardiovascular disease.** Large doses of estrogen (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown in a large prospective clinical trial in men to increase the risks of nonfatal myocardial infarction, pulmonary embolism, and thrombophlebitis.
4. **Hypercalcemia.** Administration of estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases. If this occurs, the drug should be stopped and appropriate measures taken to reduce the serum calcium level.
5. **Gallbladder disease.** A 2- to 4-fold increase in the risk of gallbladder disease requiring surgery in women receiving postmenopausal estrogens has been reported.

PRECAUTIONS

A. General

1. **Addition of a progestin when a woman has not had a hysterectomy.** Studies of the addition of a progestin for 10 or more days of a cycle of estrogen administration or daily with estrogen in a continuous regimen have reported a lowered incidence of endometrial hyperplasia than would be induced by estrogen treatment alone. There are however possible risks which may be associated with the use of progestins in estrogen replacement regimens. These include (a) adverse effects on lipoprotein metabolism (lowering HDL and raising LDL), (b) impairment of glucose tolerance, and (c) possible enhancement of mitotic activity in breast epithelial tissue although few epidemiological data are available to address this point. The choice of progestin, its dose, and its regimen may be important in minimizing these adverse effects.
2. **Elevated blood pressure.** Small increases in blood pressure have been reported in women taking oral contraceptives. Although similar data are not available for estrogen replacement therapy, a small increase in blood pressure is possible. A generalized effect of estrogen therapy on blood coagulability is theoretically possible. The randomized, placebo-controlled clinical trials of Cenestin therapy to date have not demonstrated this effect.
3. **Familial hypertriglyceridemia.** Estrogen therapy may be associated with elevations of plasma triglycerides leading to pancreatitis and other complications in patients with familial defects of triglyceride metabolism.
4. **Impaired liver function.** Estrogens may be poorly metabolized in patients with impaired liver function.

B. Information for the Patient

See text for **PATIENT LABELING** below.

C. Laboratory Tests

Estrogen administration should generally be guided by clinical response at the smallest dose rather than laboratory monitoring for relief of symptoms for those indications in which symptoms are observable.

D. Drug/Laboratory Test Interactions

1. Accelerated prothrombin time, partial thromboplastin time, and platelet aggregation time; increased platelet count; increased factors II, V, antigen VII, antigen VIII coagulant activity; IX, X, XII, VII-X complex, II-VII-X complex and beta-thromboglobulin; decreased levels of anti-factor Xa and antithrombin III; decreased antithrombin III activity; increased levels of fibrinogen and fibrinogen activity; increased plasminogen antigen and activity.
2. Increased thyroid-binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by protein-bound iodine (PBI), T4 levels (by column or by radioimmunoassay) or T3 levels by radioimmunoassay. T3 resin uptake is decreased, reflecting the elevated TBG. Free T4 and free T3 concentrations are unaltered.
3. Other binding proteins may be elevated in serum, i.e. corticosteroid binding globulin (CBG), sex hormone-binding globulin (SHBG) leading to increased circulating corticosteroids and sex steroids, respectively. Free or biologically active hormone concentrations are unchanged. Other plasma proteins may be increased (angiotensinogen/renin substrate, alpha-1-antitrypsin, ceruloplasmin).
4. Increased plasma HDL and HDL$_2$ subfraction concentrations, reduced LDL cholesterol concentration, increased triglycerides levels.
5. Impaired glucose tolerance.
6. Reduced response to metyrapone test.
7. Reduced serum folate concentration.

E. Carcinogenesis, Mutagenesis, and Impairment of Fertility

Long-term continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, uterus, cervix, vagina, testis, and liver. See **CONTRAINDICATIONS** and **WARNINGS**.

F. Pregnancy

Estrogens are not indicated for use during pregnancy or the immediate postpartum period. Estrogens are ineffective for the prevention or treatment of threatened or habitual abortion. Treatment with diethylstilbestrol (DES) during pregnancy has been associated with an increased risk of congenital defect and cancer in the reproductive organs of the fetus and possibly other birth defects. The use of DES during pregnancy has also been associated with a subsequent increased risk of breast cancer in the mothers.

G. Nursing Mothers

As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk. In addition, estrogen administration to nursing mothers has been shown to decrease the quantity and quality of the milk. Estrogens are not indicated for the prevention of postpartum breast engorgement.

H. Pediatric Use

Safety and efficacy of Cenestin for the treatment of menopausal symptoms due to hypoestrogenism in pediatric patients have not been established.

I. Drug-Drug Interactions

There are no known drug-drug interactions with estrogens.

ADVERSE REACTIONS

See **WARNINGS** and **PRECAUTIONS** regarding thromboembolic and neoplastic effects on the fetus, the relationship of estrogens to gallbladder disease, cardiovascular disease, hypercalcemia. In a 12-week controlled clinical trial with Cenestin and 48 weeks of open-label experience, the following adverse events occurred at the rates indicated. See **TABLE 1**.

The following adverse reactions have been reported with estrogen therapy:

1. *General:* Increase or decrease in weight; changes in appetite; nausea; bloating; cramps; vomiting; changes in libido; changes in menstrual flow; chloasma or melasma; breakthrough bleeding; spotting; premenstrual-like syndrome; amenorrhea during and after treatment; edema; changes in menstrual flow; chloasma or melasma; breakthrough bleeding; spotting; premenstrual-like syndrome; amenorrhea during and after treatment; edema.
2. *Breasts:* Tenderness, enlargement, secretion.
3. *Gastrointestinal:* Nausea, vomiting, abdominal cramps, bloating, cholestatic jaundice, increased incidence of gallbladder disease, pancreatitis, enlargement of hepatic hemangiomas.
4. *Skin:* Chloasma or melasma that may persist when drug is discontinued, erythema multiforme, erythema nodosum, hemorrhagic eruption, loss of scalp hair, hirsutism, pruritus, rash.
5. *Eyes:* Steepening of corneal curvature, intolerance to contact lenses.
6. *Central Nervous System:* Headache, migraine, dizziness, mental depression, chorea, nervousness, mood changes, irritability, exacerbation of epilepsy, dementia.
7. *Miscellaneous:* Increase or decrease in blood pressure, glucose tolerance, hepatic porphyria, prothrombin and factors VII, VIII, IX, and X, sensitivity, anaphylactoid/hypersensitivity reactions, aggravation of porphyria, systemic lupus erythematosus, reduced tolerance to carbohydrates, exacerbation of asthma, urinary calculi, retinal vascular thrombosis.

Table 1

Number (%) of Patients with Adverse Events With a Greater than 5% Occurrence Rate By Body System and Treatment Group

Body System Adverse Event	Cenestin n (%)	Placebo n (%)	T n
Number of Patients Who Received Medication	72 (100)	48 (100)	120 (100)
Number of Patients With Adverse Events	68 (94)	43 (90)	111 (9
Number of Patients Without Any Adverse Events	4 (6)	5 (10)	9
Body As A Whole			
Abdominal Pain	20 (28)	11 (23)	31 (
Asthenia	24 (33)	20 (42)	44 (
Back Pain	10 (14)	6 (13)	16
Fever	1 (1)	3 (6)	4
Headache	49 (68)	32 (67)	81
Infection	10 (14)	5 (10)	15
Pain	8 (11)	9 (19)	17
Cardiovascular System			
Palpitation	15 (21)	13 (27)	28 (
Digestive System			
Constipation	4 (6)	2 (4)	6 (
Diarrhea	4 (6)	0 (0)	4 (
Dyspepsia	7 (10)	3 (6)	10
Flatulence	21 (29)	14 (29)	35 (
Nausea	13 (18)	9 (19)	22 (
Vomiting	5 (7)	1 (2)	6 (
Metabolic and Nutritional			
Peripheral Edema	7 (10)	6 (13)	13 (
Musculoskeletal System			
Arthralgia	18 (25)	13 (27)	31 (
Myalgia	20 (28)	15 (31)	35 (
Nervous System			
Depression	20 (28)	18 (38)	38 (
Dizziness	8 (11)	5 (10)	13 (
Hypertonia	4 (6)	0 (0)	4 (
Insomnia	30 (42)	23 (48)	53 (
Leg Cramps	7 (10)	3 (6)	10 (
Nervousness	20 (28)	20 (42)	40 (
Paresthesia	24 (33)	15 (31)	39 (
Vertigo	12 (17)	12 (25)	24 (
Respiratory System			
Cough Increased	4 (6)	1 (2)	5 (
Pharyngitis	6 (8)	4 (8)	10 (
Rhinitis	6 (8)	7 (15)	13 (
Urogenital System			
Breast Pain	21 (29)	7 (15)	28 (
Dysmenorrhea	4 (6)	3 (6)	7 (
Metrorrhagia	10 (14)	3 (6)	13 (

OVERDOSAGE

Serious ill effects have not been reported following acute ingestion of large doses of estrogen-containing products by young children. Overdosage of estrogen may cause nausea and vomiting, and withdrawal bleeding may occur in females.

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MPLE PLAN

ued

mother toiling away on hand- ornaments, and I wanted to re- those things for my own kids. t my mother and grandmother t work outside the home, as I do ing that in mind allowed me to or simpler decorations that didn't long time to make. I also limited lf to one Christmas project that d grant me *more* time with my y. I polled the kids to get ideas, they chose to bake cookies to on the tree.

• **URTAIL THE CHAOS.** I've never able to shop for Christmas gifts round. So I decided to earmark irst two weeks of December for all y Christmas chores—decorating, ping, baking. While this made for zy two weeks, it allowed me to the rest of the holiday season.

• **NLIST SANTA'S LITTLE HELPERS.** ne, one of the most onerous chores nding Christmas cards. Then I hit he perfect solution: Our relatives hearing from the kids, and our girls enjoy [illegible] pretty much [illegible] and in no time the [illegible] were [illegible]!

The girls [illegible] pers, fold [illegible] and [illegible] even took [illegible] toys to the [illegible] of wrapping paper [illegible] paper and [illegible]

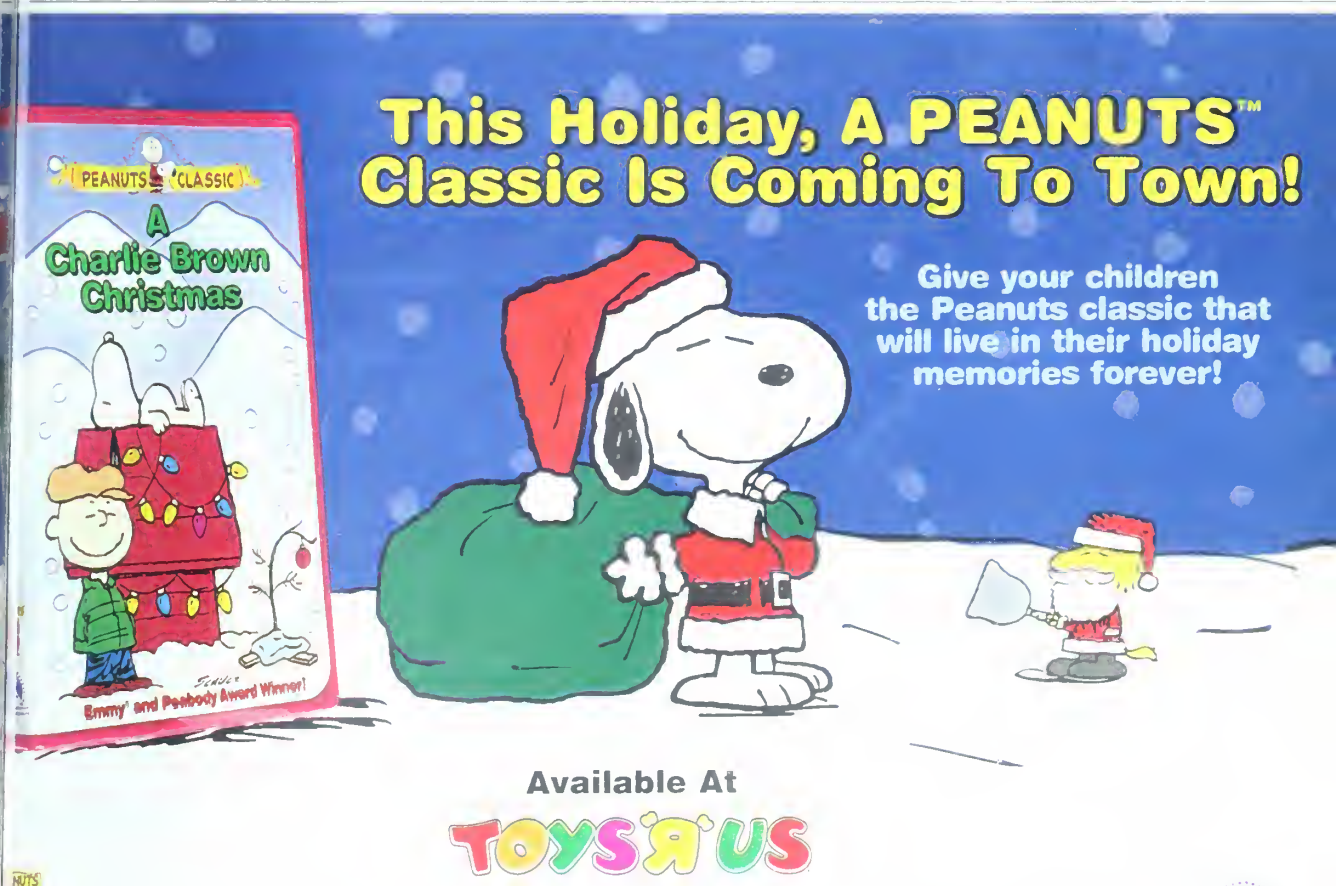
Meanwhile, [illegible] great cleaners. When I told them how overwhelmed I was, they disappeared without lifting a finger. But when I said, "Christmas comes just once a year, and I really need your help," they sprang into action. Of course, they knew we'd be repaying them with gifts!

• **RETHINK TRADITIONS.** Instead of buying the perfect (read: huge) Christmas tree, as we had in the past, we decided on a smaller, more manageable one. What's more, we let the kids decorate it. We set out the boxes on the couch, saved the glass ornaments for last, and let them at it. And guess what? Despite our one-year-old harvesting ornaments off the tree as fast as the older children hung them, it looked great.

• **MAKE TIME TO ESCAPE.** During the two weeks we allocated to Christmas chores, Dan and I arranged dates to get our shopping done together, leaving the kids at home with [illegible] to act as the other's conscience during our gift-buying sprees. It also gave us much-[illegible] time alone.

Because Dan and I were finished with our Christmas errands earlier and were less tired, we discovered that we had time to socialize with neighbors, have brunch with our best friends, and take a stroll at Christmas Eve walk as a family. On Christmas Day, we opened our gifts leisurely because there were fewer of them. Then we were free to play Scrabble. In the end, our efforts to take the stress out of the holidays allowed us to feel peaceful in one another's company—and hopeful about future Christmases. ■

Holly Robinson is a contributing editor to Ladies' Home Journal.



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HEALTHY HOLIDAY GIFTS

1. The Prince Workout Shoe weighs a mere eight ounces but permits superb airflow. $59.95; in stores.
2. Big Digit Watch has a giant, lighted display that's easy for joggers to read; also works as a stopwatch. $24.99; 800-600-9945.
3. Rockport Soul Sensation Movement video A stress-reduction workout combining tai chi, yoga, aerobics, dance and foot exercises. $19 (resistance bands featured in video, $9); visit *www.rockport.com* for store locations.
4. Crabtree & Evelyn's Cooks Basket includes antibacterial hand wash, vegetable wash (to remove pesticides) and a scrub brush, and twelve odor-diffuser candles, all in a wire basket. $50; 800-272-2873.
5. Reebok Guru Pant is engineered to keep skin dry. In gray, black or olive green. $45; 800-648-5550.
6. MegaMouse LaunchPad attaches to a chair arm, which is an ergonomic position for use. $19.95; 800-859-6552.
7. Nike Inner Actives Performance Bikini is made of sweat-wicking fabric, in white or black. $16; visit *www.nike.com*.
8. Road Runner Sports Foot Log A great foot massager. $19.99; 800-600-9945.

—Alison Calabia

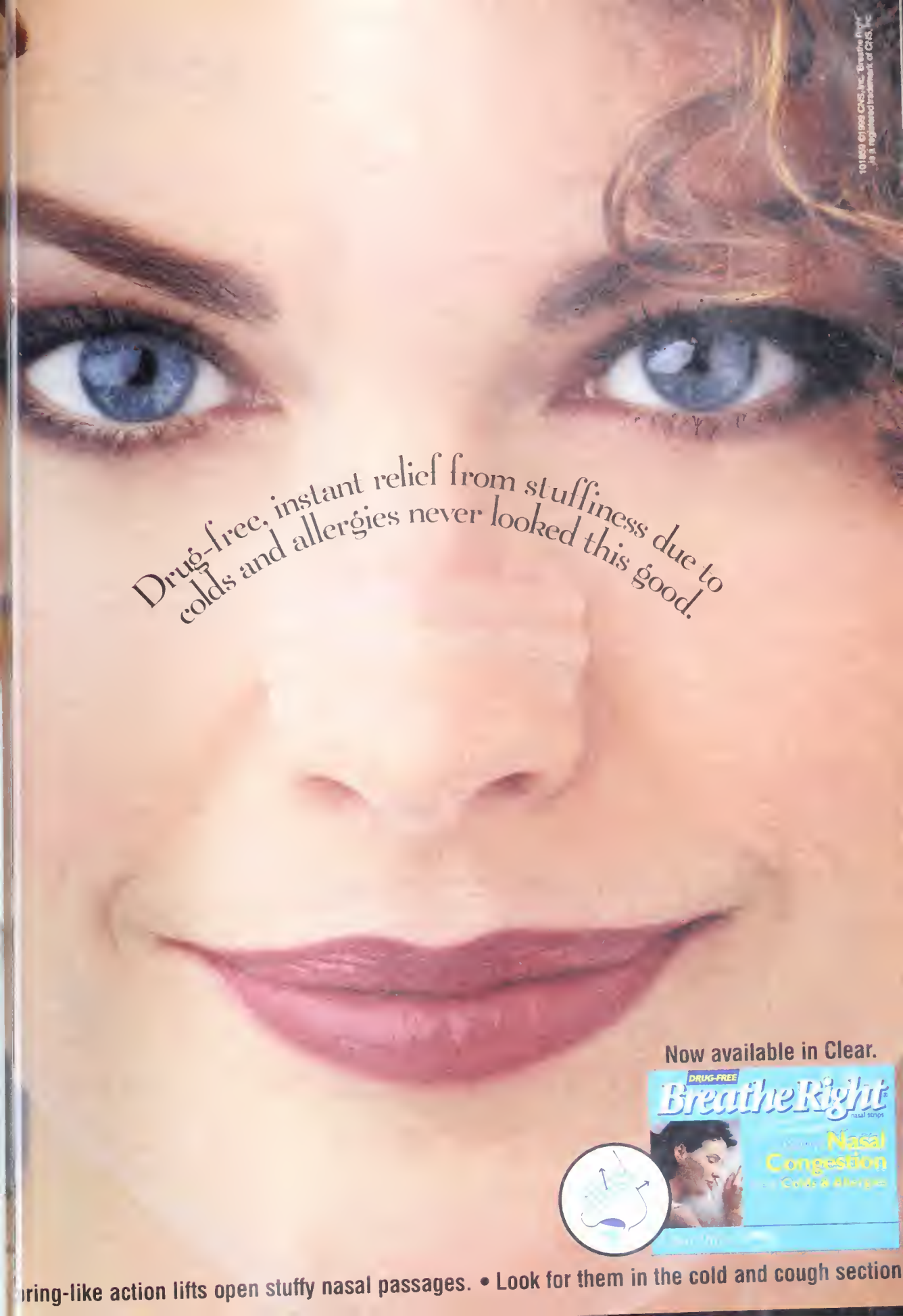
News Flash: Important Pregnancy Check

Considering the results of a recent study, moms-to-be may want to ask their doctors for a blood test to check their thyroid function. Researchers at the Foundation for Blood Research, in Scarborough, Maine, have found that untreated hypothyroidism—when the body produces too little thyroid hormone—may permanently imperil fetal brain development.

In the study, school-age children of women who had untreated thyroid disease during pregnancy performed less well on fifteen psychological exams, including an IQ test, than did children of women with normal thyroid function, says James Haddow, M.D., the study's lead author. "About twenty percent of the children of women with untreated hypothyroidism had IQs below eighty-five, compared to five percent of the controls," he says. Generally, a score of 85 is a sign of a mild impairment.

Hypothyroidism strikes at least one of every one hundred women of childbearing age, and causes symptoms including fatigue, depression and weight gain. There is no preventing the disease, but treatment can regulate the condition and prevent potential damage to a fetus. Haddow suggests all women who either are or plan to become pregnant get the test.

—Mary Mertz


Drug-free, instant relief from stuffiness due to colds and allergies never looked this good.
Now available in Clear.
DRUG-FREE
BreatheRight
nasal strips
Nasal Congestion
Cold & Allergy
ring-like action lifts open stuffy nasal passages. • Look for them in the cold and cough section



Q: I ALMOST ALWAYS FEEL BLOATED. IS THERE ANYTHING I CAN DO?

A: The most common reason for bloating is lactose intolerance, an inability to break down the sugar in milk products, says Jacqueline L. Wolf, M.D., director of the Inflammatory Bowel Disease Center, Gastroenterology Division, at Brigham and Women's Hospital, in Boston. Try avoiding milk products for one week. If you feel better, consider switching to foods like Lactaid milk, which have the digestive enzyme lactase added.

Other common causes for bloating: PMS, stress, drinking carbonated beverages, chewing gum and taking prescription drugs that cause constipation. Eating gas-producing foods, such as beans, also can make you uncomfortable. Keep a food diary for one week, recording any episodes of bloating. Look for patterns to see if certain foods are problematic for you. Exercise also helps by regulating bowel movement, and be sure to drink plenty of water throughout the day. If you're still bloated, see your doctor. —Arricca Elin SanSone

CHARTING YOUR HEALTH

Herbs & Drugs That DON'T MIX

Some herbs may be hazardous when combined with prescription or over-the-counter drugs. Steer clear of these potential interactions. —Christine Many

If you take:	don't take:	because:
ASPIRIN OR ANTICOAGULANTS	GINKGO BILOBA, GARLIC, GINGER, FEVERFEW	*These herbs can inhibit blood clotting, so taking with anticoagulants can increase the risk of bleeding*
ANTIANXIETY DRUGS (SUCH AS VALIUM)	KAVA KAVA, VALERIAN	*These combinations may cause extreme disorientation, prolonged drowsiness and difficulty driving*
THIAZIDE DIURETICS (FOR BLOOD PRESSURE)	LICORICE	*May cause potassium loss and lead to hypokalemia, a serious condition with symptoms such as irregular heartbeat*
PROZAC AND OTHER ANTIDEPRESSANTS	ST. JOHN'S WORT	*Use of both may cause increased sedation*

SOURCE: ... TYLER, PH.D., D.SC., ... PROFESSOR EMERITUS ... COLLEGES OF ... SCIENCES; CO-AUTHOR OF ... TYLER'S HONEST HERBAL ... HAWORTH PRESS, INC.)

BODYBRIEFS

BETTER WORKOUTS Research from the State University of New York at Buffalo shows that **eating more fat boosts sports performance.** In the study, athletes on diets composed of 35 percent fat ran longer and harder than those on lower-fat diets.



DRINK UP The ban on fluids **eight hours prior to any surgery has been lifted.** Now doctors know that it's safe to drink water, juices without pulp, carbonated beverages, and black coffee or tea up to two hours before, says Mark Warner, M.D., chair of anesthesiology at the Mayo Clinic.



BACTERIA BOOM Listeriosis, a **food-borne bacteria that can cause serious harm to a fetus, is more widespread,** says Frank Witter, M.D., an obstetrician at Johns Hopkins. Pregnant women should avoid undercooked meat and soft cheeses.

SKI FREE Visit a store that carries Head skis and sign up for free demo skis, lessons and a lift ticket for the day during certain dates in December and January. **Sponsors will donate money to breast cancer research.** Call 800-432-3872.



MORE THAN PAIN A study in the *British Medical Journal* found **that migraine sufferers have more than three times the risk of stroke than non-sufferers.** If you get migraines, talk to your doctor about treating them with a drug that doesn't affect blood pressure. —C.M.


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TYLENOL PM stops your pain and helps you sleep. Gently, safely and it's non-habit-forming. You wake up rested, refreshed, ready to go.
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Ten Toys UNDER $20

Finding a high-quality toy that kids will love and that won't break the bank has never been more fun. Here, the best of the educational, the traditional and the just plain unconventional By Sarah Smith



The Primer Pak contains a mix of brightly colored puzzle pieces and shapes to stitch together. Ages 3–6. Lauri, $13.95



Gator Golf is mini-golf with a twist—literally. Putt the ball into the gator's mouth and watch him spin. Ages 4+. Milton Bradley, $17.99



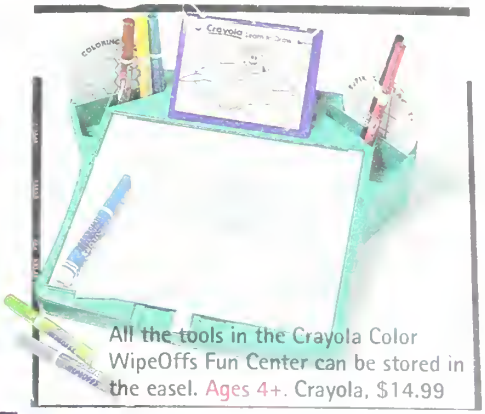
With Wow Science, kids 7+ can perform 12 eye-popping experiments. University Games, $19.99



The crazy shapes and zany colors of this Zolo building toy offer endless possibilities for inventive fun. Ages 5+. Wild Planet, $15

Stroll & Go Hippo is a plush toy that stimulates a baby's senses of sight, touch and hearing. Birth to 12 months. Learning Curve, $19.99





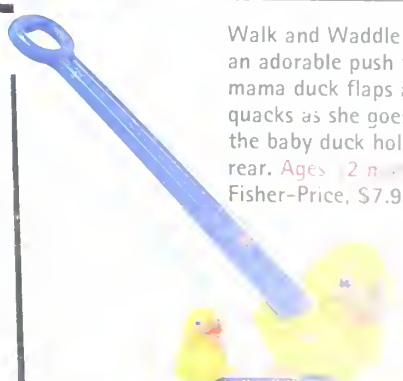
All the tools in the Crayola Color WipeOffs Fun Center can be stored in the easel. Ages 4+. Crayola, $14.99

Kids can jam with Elmo with the Rock & Roll Guitar. Ages 18 months+. Fisher-Price, $19.99





Calling all serious face painters ages 7+: The Discovery Channel Amazing Face Art and Henna Tattoo Kit. Warren Industries, $16.99



Walk and Waddle Ducks is an adorable push toy: The mama duck flaps and quacks as she goes, and the baby duck holds up the rear. Ages 12 mos+. Fisher-Price, $7.99

Big Origami packs have 12 oversize sheets of vividly hued paper plus folding instructions. Ages 7+. Think of It!, $17



Alicia Cedar

Dares to be different.

Drinks milk without checking expiration date.

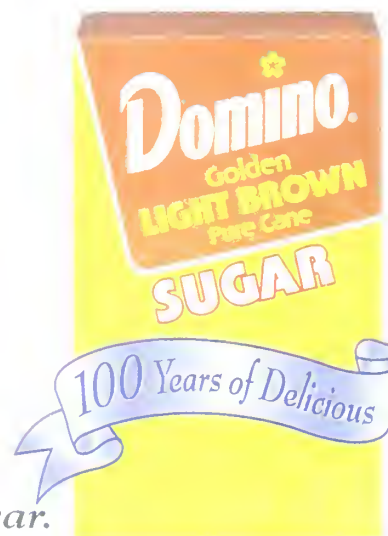
Encourages her kids to take chances.

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when it comes to
brown sugar Pinwheels.





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balancing act

By Mary C. Hickey



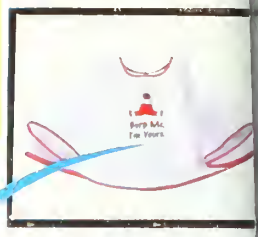
MOTHERS OF INVENTION

Many women—moms especially—fantasize about running their own small business. What better way to control your own time? Meet four for whom having a baby provided the needed inspiration.

KAREN ALVAREZ, 35, of San Ramon, California, designed a strap that keeps children secure in a grocery cart. Now a large firm manufactures the devices and Alvarez collects royalties. While her earnings are modest, she puts in only ten hours a week.



CYNDI BOWEN, 38, of Washington, North Carolina, created a padded hearth covering after her son kept bumping his head on the fireplace. Now she manufactures 17 child-safety products and has annual sales of $3 million.



DANA LOWEY LUTTWAY, 37, of New York City, was inspired by her baby's spitting up to invent The ParentSmock, which adults wear while feeding a baby. Babies "R" Us sells the smocks, and Luttway expects her business to be profitable in two years.

SHARON ZUMM-CAMPBELL, 35, of Rochelle, Virginia, invented the Bottle Bunny, a stuffed animal with a slot for a bottle that a baby can easily grasp, for her own three kids. Now a manufacturer mass-produces the bunnies, and she spends 20 hours a week on marketing and distribution.



Better Leave Laws?

Millions of Americans have benefited from the 1993 Family and Medical Leave Act (FMLA), which allows 12 weeks off for the birth or adoption of a child or to care for a seriously ill family member. What's in the works to make parental leave better? Policies that could:

Provide For Paid Leave President Clinton has proposed a rule that would help states use unemployment insurance to provide some income during family leave and make it easier for federal employees to use paid sick leave during family leave.

Make More Parents Eligible The FMLA currently applies only to companies with 50 or more employees. Two bills have been introduced that would extend the FMLA to employees of companies with between 25 and 49 employees.

Give Parents Extra Time Off Congress is considering a proposal that would give parents an additional 24 hours of unpaid leave per year.

MY BALANCED LIFE

"TELECOMMUTING IS THE TICKET"

VITAL STATS: Maria Manseth, 40, of Tigard, Oregon. Married mother of two, ages 8 and 2.

USED TO: Drive 45 minutes to and from Portland, where she worked as a marketing manager for IBM.

NOW: Does the same job from her home office.

MAKING THE SWITCH: Because she works with people in other time zones, Manseth had been starting her day at six A.M. and spending a few hours on the phone at home. It didn't take much to convince IBM to let her work at home completely: It already has some 60,000 telecommuting employees.

THE LOGISTICS: IBM set her up with a computer linked to the company's main network. A typical day includes phone calls, teleconferences and spending time online. A nanny watches her kids.

CHALLENGES: Learning to ignore things at home when she's working.

ADVANTAGES: She has fewer distractions and so feels more productive. But the main advantage is being around more for her kids. "I can take lunch breaks with them, or come out and have a Popsicle."



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Crystal Ear® Flexi-Soft™ is the affordable, easy-to-use, and easy-to-buy listening device that gives you the hearing support you've been looking for without annoying "squealing" or feedback!

If you're living with a hearing problem and the high price of hearing aids has stopped you from getting the hearing help you need, you owe it to yourself to try the new and improved Crystal Ear® Flexi-Soft™ (FS). It's affordable, easy-to-use and will give you the comfortable listening support you need.



IT'S NEARLY INVISIBLE!

TECHNICAL DATA

Frequency Response:
200 to 8000 Hz

Amplification:
Superior Class "D" Circuitry

Volume: Adjustable

HIGHEST QUALITY AT A FRACTION OF THE COST

Most high-quality, in-the-canal hearing aids cost between $1,000-$3,000 per ear. That's just too much! Thanks to Crystal Ear's pioneering advances in design, manufacturing and assembly, the cost of producing this state-of-the-art wonder has been dramatically reduced and the savings passed directly on to you. Better yet, no expensive, time consuming appointments are needed. So if you have a mild hearing problem or just a little hearing drop-off, Crystal Ear® FS™ is the easy and affordable way to hear better.

ONLY YOU WILL KNOW

Crystal Ear® FS™ is the world's best selling personal assistive listening device (ALD). It fits almost invisibly in your ear, yet provides you with super-sensitive listening support. Its superior, patented Class "D" Circuitry amplifies sounds you may be missing. It makes speech louder and easier to hear and other sounds seem pure and natural. Crystal Ear® FS™ is no bigger than the tip of your little finger and the new Flexi-Soft™ tip is so comfortable you'll forget you're wearing it. The Wax Prevention System helps prevent clogging the tip and makes routine cleaning a snap! *And best of all, with the new Anti-Feedback circuitry you won't have any of that annoying "squealing" or other feedback problems.*

PERSONAL CARE & SERVICE

When you order your Crystal Ear® FS™, our specially trained associates will carefully guide you through the purchase process and answer any non-medical questions you may have; so you'll know it's just right for you. The Crystal Ear® FS™ comes complete, ready to use, with How-To-Use video instructions, illustrated manual, spare batteries, cleaning tools and a velvet carrying pouch. And, if you have any questions when you receive your Crystal Ear® FS™, our customer support staff is just a toll-free phone call away.

MAKE THE COMPARISON

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No test or fittings	Yes	No	Usually
Quality parts	Yes	Usually	Seldom
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Wax prevention tip	Yes	Extra	No
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Risk-free trial	Yes	No	No
Retail price	$299.85	$1,000-3,000	Up to $800



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Then I realized I didn't have to feel so tired.

If you're a patient receiving chemotherapy, you might also be anemic. Anemia is a common side effect of chemotherapy. It means your body isn't producing enough red blood cells. This can result in symptoms like extreme tiredness, dizziness, and shortness of breath. However, there is an effective treatment. It's called PROCRIT® (Epoetin alfa).* PROCRIT is identical to a substance your body produces naturally. And it helps stimulate your body's ability to produce red blood cells that can restore your energy. PROCRIT has a proven safety track record. In trials, only diarrhea and edema occurred more often with PROCRIT than placebo. Please see the following Prescribing Information. Only your doctor can prescribe PROCRIT. It's for patients with non-myeloid cancers. To learn how PROCRIT can help you get your strength back, simply call the number below.

1.800.585.6096 for your FREE booklet to help you determine whether your fatigue could be caused by anemia. Or visit www.procrit.com

PROCRIT®
EPOETIN ALFA
Strength for Living

Manufactured by: Amgen Inc. Thousand Oaks, CA 91320-1789 Distributed by: **Ortho Biotech** Inc. Raritan, New Jersey 08869-0670 * Registered trademark of the distributor

BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE ANEMIA OF CHEMOTHERAPY CANCER PATIENTS TREATED WITH

PROCRIT®
EPOETIN ALFA

PROCRIT is a registered trademark of the distributor.

For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS REFER TO THE PHYSICIANS' DESK REFERENCE

INDICATIONS AND USAGE

Treatment of Anemia in Cancer Patients on Chemotherapy

PROCRIT is indicated for the treatment of anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy. PROCRIT is indicated to decrease the need for transfusions in patients who will be receiving concomitant chemotherapy for a minimum of two months. PROCRIT is not indicated for the treatment of anemia in cancer patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding which should be managed appropriately.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:
1) Uncontrolled hypertension
2) Known hypersensitivity to mammalian cell-derived products
3) Known hypersensitivity to Albumin (Human).

WARNINGS

The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants which are sometimes fatal.

PRECAUTIONS

General: The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see "Contraindications"). While transient rashes have occasionally been observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions have been reported. The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (e.g., sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of potential pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in PROCRIT-treated patients with CRF. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In pre-clinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, cancer patients should have hematocrit measured once a week until hematocrit has been stabilized, and measured periodically thereafter.

Delayed or Diminished Response: If the patient fails to respond or to maintain a response, the following etiologies should be considered and evaluated:

1) Iron deficiency: functional iron deficiency may develop with normal ferritin levels but low transferrin saturation (less than 20%), presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Virtually all patients will eventually require supplemental iron therapy.
2) Underlying infectious, inflammatory, or malignant processes.
3) Occult blood loss.
4) Chronic hematologic diseases (e.g., hemoglobinopathies, refractory anemia, myelodysplastic disorders).
5) Deficiencies of folic acid or vitamin B12.
6) Aluminum intoxication.
7) Hemolysis.
8) Osteosclerotica.

Iron Evaluation: Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL. Supplemental iron may be required to increase and maintain transferrin saturation to levels that will adequately support PROCRIT-stimulated erythropoiesis.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In male and female rats treated intravenously with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 units/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses five times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 units/kg group. In female rats treated intravenously, there was a trend for slightly increased fetal wastage at doses of 100 and 500 units/kg. PROCRIT has not shown any adverse effect at doses as high as 500 units/kg in pregnant rabbits (from day 6 to 18 of gestation).

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed no effect of PROCRIT at doses of up to 500 units/kg. There were, however, decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 units/kg group. There were no PROCRIT-related effects on the F2 generation fetuses.

It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: The safety and effectiveness of PROCRIT in children have not been established.

Cancer Patients on Chemotherapy

Hypertension: Hypertension, associated with a significant increase in hematocrit, has been noted rarely in PROCRIT-treated cancer patients. Nevertheless, blood pressure in PROCRIT-treated patients should be monitored carefully, particularly in patients with an underlying history of hypertension or cardiovascular disease.

Seizures: In double-blind placebo-controlled trials, 3.2% (N=2/63) of PROCRIT-treated patients and 2.9% (N=2/68) of placebo-treated patients had seizures. Seizures in 1.6% (N=1/63) PROCRIT-treated patients occurred in the context of a significant increase in blood pressure and hematocrit from baseline values. However, both PROCRIT-treated patients also had underlying CNS pathology which may have been related to seizure activity.

Thrombotic Events: In double-blind placebo-controlled trials, 3.2% (N=2/63) of PROCRIT-treated patients and 11.8% (N=8/68) of placebo-treated patients had thrombotic events (e.g., pulmonary embolism, cerebrovascular accident).

Growth Factor Potential

PROCRIT is a growth factor that primarily stimulates red cell production. However, the possibility that PROCRIT® (Epoetin alfa) can act as a growth factor for any tumor type, particularly myeloid malignancies, cannot be excluded.

ADVERSE REACTIONS

Cancer Patients on Chemotherapy

Adverse experiences reported in clinical trials with PROCRIT in cancer patients were consistent with the underlying disease state. In double-blind, placebo-controlled studies of up to three months duration involving 131 cancer patients on chemotherapy [illegible] ≥ 10% in [illegible] placebo-treated patients [illegible]:

Event	Percent of Patients with Event	Placebo Treated Patients
[illegible]	[illegible]	19%
[illegible]	[illegible]	7%
Nausea	17%	32%
Vomiting	17%	15%
Edema	17%	1%
Asthenia	13%	16%
Fatigue	13%	15%
Shortness of Breath	13%	9%
Paresthesia	11%	6%
Upper Respiratory Infection	11%	4%
Dizziness	5%	12%
Trunk Pain	3%	16%

p = 0.041 p = 0.069 p 0.0016 p = 0.017

Although some statistically significant differences between PROCRIT and placebo-treated patients were noted, the overall safety profile of PROCRIT appeared to be consistent with the disease process of advanced cancer. During double blind and subsequent open label therapy in which patients (N=72 for total PROCRIT exposure) were treated for up to 32 weeks with doses as high as 927 units/kg, the adverse experience profile of PROCRIT was consistent with the progression of advanced cancer.

Based on comparable survival data, and on the percentage of PROCRIT and placebo-treated patients who discontinued therapy due to death, disease progression or adverse experiences (22% and 13% respectively; p = 0.25), the clinical outcome in PROCRIT and placebo-treated patients appeared to be similar. Available data from animal tumor models and measurement of proliferation of solid tumor cells from clinical biopsy specimens in response to PROCRIT suggest that PROCRIT does not potentiate tumor growth. Nevertheless, as a growth factor, the possibility that PROCRIT may potentiate growth of some tumors, particularly myeloid tumors, cannot be excluded. A randomized controlled Phase IV study is currently ongoing to further evaluate this issue.

The mean peripheral white blood cell count was unchanged following PROCRIT therapy compared to the corresponding value in placebo-treated patients.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1,500 units/kg T.I.W. for three to four weeks have been administered without any direct toxic effects of PROCRIT itself.

Therapy with PROCRIT can result in polycythemia if the hematocrit is not carefully monitored and the dose appropriately adjusted. If the target range is exceeded, PROCRIT may be temporarily withheld until the hematocrit returns to the target range; PROCRIT therapy may then be resumed using a lower dose (see "Dosage and Administration"). If polycythemia is of concern, phlebotomy may be indicated to decrease the hematocrit.

DOSAGE AND ADMINISTRATION

Cancer Patients on Chemotherapy

Baseline endogenous serum erythropoietin levels varied among patients in these trials with approximately 75 percent (N=83/110) having endogenous serum erythropoietin levels < 132 mU/mL, and approximately 4 percent (N=4/110) of patients having baseline endogenous serum erythropoietin levels > 500 mU/mL. In general, patients with lower baseline serum erythropoietin levels responded more vigorously to PROCRIT than patients with higher erythropoietin levels. Although no specific serum erythropoietin level can be stipulated above which patients would be unlikely to respond to PROCRIT therapy, treatment of patients with grossly elevated serum erythropoietin levels (> 200 mU/mL) is not recommended. The [illegible] should be monitored on a weekly basis [illegible] receiving PROCRIT [illegible] hematocrit becomes stable.

Starting Dose: The recommended starting dose of PROCRIT is 150 units/kg subcutaneously T.I.W.

Dose Adjustment: If the [illegible] satisfactory in terms of [illegible] requirements [illegible] 8 weeks [illegible] the dose can be increased up to 300 units/kg T.I.W. If patients have not responded satisfactorily to a PROCRIT dose of 300 units/kg T.I.W., it is unlikely that they will respond to higher doses of PROCRIT. If the hematocrit exceeds 40%, the dose of PROCRIT should be held until the hematocrit falls to 36%. The subsequent dose of PROCRIT should be reduced by 25% when treatment is resumed and titrated to maintain the desired hematocrit. If the initial dose of PROCRIT includes a very rapid hematocrit response (e.g., an increase of more than 4 percentage points in any 2-week period), the dose of PROCRIT should be reduced.

PREPARATION AND ADMINISTRATION OF PROCRIT

1. DO NOT SHAKE. Shaking may denature the glycoprotein, rendering it biologically inactive.
2. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. Do not use any vials exhibiting particulate matter or discoloration.
3. Using aseptic techniques, attach a [illegible] needle to a sterile syringe. Remove the top from the vial containing PROCRIT, wipe the septum with a disinfectant, insert the needle into the vial, and withdraw into the syringe an appropriate volume of solution.
4. **Single-dose** vial 1 mL vial contains no preservative. Use one dose per vial; do not re-enter vial. Discard unused portion.

   Single-dose, Preservative-Free Vial: 1 mL (40,000 Units/mL). Each 1 mL of solution contains 40,000 Units of Epoetin alfa, 2.5 mg Albumin (Human), 1.165 mg sodium phosphate monobasic monohydrate, 1.766 mg sodium phosphate dibasic anhydrate, 0.696 mg sodium citrate, 5.844 mg sodium chloride, and 6.8 mcg citric acid in Water for Injection, USP (pH 6.9). This formulation contains no preservative.

   Multidose 2 mL vial contains preservative. Store at 2° to 8°C after initial entry. Use between doses. Discard 21 days after initial entry.
5. Do not administer in conjunction with other drug solutions.

HOW SUPPLIED

PROCRIT is available in vials containing 2,000, 3,000, 4,000 or 10,000 units of Epoetin alfa in 1.0 mL of a sterile, preservative-free solution.

Each dosage form is supplied in the following packages:

Cartons containing six (6) single-use vials:
- 2,000 Units/mL (NDC 59676-302-01)
- 3,000 Units/mL (NDC 59676-303-01)
- 4,000 Units/mL (NDC 59676-304-01)
- 10,000 Units/mL (NDC 59676-310-01)

Cartons containing four (4) single-use vials:
- 40,000 Units/mL (NDC 59676-340-01) (Orange)

Trays containing twenty-five (25) single-use vials:
- 2,000 Units/mL (NDC 59676-302-02)
- 3,000 Units/mL (NDC 59676-303-02)
- 4,000 Units/mL (NDC 59676-304-02)
- 10,000 Units/mL (NDC 59676-310-02)

2 mL **Multidose, Preserved** Solution

Cartons containing six (6) **multidose** vials:
- 10,000 Units/mL (NDC 59676-312-01) (Blue)

STORAGE

Store at 2° to 8° C (36° to 46° F). Do not freeze or shake.

PROCRIT®
EPOETIN ALFA

Manufactured by: Amgen Inc.
U.S. License No. 1087
Thousand Oaks,
California 91320-1789

Distributed by: **Ortho Biotech Inc.**
Raritan, New Jersey
08869-0670

AME AND FRIENDSHIP

ennifer Lopez and Arlene Rodrigu have een through everything together— C at chool, first dates, Jennifer's first audition low, Jennifer is a movie and recordin tar, and Arlene is her personal assistant

Today, their best moments are often pri ate ones, such as reading Jennifer's fan nail, flying the Concorde to Paris, or rid ng in a black stretch limousine, giggling nd screaming.

For Arlene, the biggest thrill is watching ner best friend turn into a film character, suddenly real and alive. "To watch her make *Selena* was amazing," she says reverently. "She wasn't just acting. She became Selena."

Hearing this, Jennifer exclaims, "You never told me!"

Arlene shrugs. "You knew."

"See?" Jennifer says. "She doesn't tell me how well I do. I don't tell her how much she means to me. She knows."



GIRLFRIENDS

Our best pals make the good times better. Meet three sets of friends, including one pair who found stardom and another who go through fire for each other—literally

By Jayne Wexler and Lauren Cowen



FRIENDS IN NEED

Before they met, Rebecca Guberman and Jennifer Jako were both certain they were fated to be alone.

Both have the virus that causes AIDS.

Now, four years later, they're successful filmmakers whose documentary about young adults living with HIV, called *True Life: It Could Be You*, aired on MTV. The film was awarded the 1999 Ribbon of Hope Award from the Academy of Television Arts and Sciences.

Still, they can't quite believe they found each other. "I mean, what are the odds?" Rebecca asks. "I just have to shake my head."

Jennifer, called Jako, agrees. "No matter how close we are to others, they are not HIV-positive. There are things they're never going to understand.

Through it all, their friendship became a test of their own commitment as well as a triumph of their faith in each other.

"It's hard to explain," Rebecca concludes. "I've never had a friend like Jako. Even when I'm not with her, she's inside me in some way."

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BACKDRAFT BUDDIES

Long before they knew each other, both Janet Slagle and Deanna Morris knew they wanted to be firefighters. Neither imagined she'd find another woman on the force—much less someone she could count on as a trusted friend.

It wasn't just devotion to their work that bound them. Both quickly found they could talk about things in ways they never had—whether it was how to keep their hr from being singled or how to manage the grief they felt – for pulling a corpse from a burning car.

They tell the story of the day they found themselves alone when a call came in, reporting a fire in a field. The blaze—one nobody would have thought two people could handle alone—was out before the backup engines arrived.

Janet and Deanna both know they've each found a friend they can bet their lives on. "If I go down," says Janet, "Deanna will be there. She'll pull me out."

"I feel the same way," says Deanna. "I trust her absolutely." ■

Jayne Wexler is a portrait photographer whose work appears in numerous publications, including Esquire, Vanity Fair and Newsweek. Writer Lauren Cowen's work has appeared in The Chicago Tribune, The Los Angeles Times and other publications.

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A fave strategy: Buy quickly and then eat



Real Men DON'T Shop

There are a million things we'd rather be doing—eating lunch with our kids, playing basketball, even washing dishes. But we want to get the right gift for the women we love **By Brian Alexander**

"A sari!" my pal gasped between gales of laughter when I asked what her husband had given her last Christmas. "I mean, what am I supposed to do with a sari? It would look beautiful on a woman in New Delhi. But I'm a white Protestant in Seattle!" Her husband sat beside her and blushed.

Such embarrassment never befell my father, the maestro of holiday gift givers. Dad believed that the success of a gift was inversely proportional to the effort expended in its acquisition. On Christmas Eve day, at around eleven A.M., my father would grab one or more of his three sons for the fifteen-minute ride to the jewelry store. The owner would be waiting. Following his advice, Dad would pick out a ring, or earrings, or pearls, and ask us, "You think your mother would like this?" Not one of us ever said no. By one P.M., we'd be eating sandwiches and drinking sodas at a nearby restaurant.

"Why, thank you, dear!" Mom would exclaim on Christmas morning. Then she would kiss my father. Mom never seemed terribly surprised, and by the time I was a teenager I began to suspect that she cased the jewelry store in advance and left orders with the owner. All in all, however, this system hummed along satisfactorily year after year.

POST-SHOPPING STRESS DISORDER

Dad's technique was notable for its complete absence of actual shopping. Purchases were unquestionably made. But there was no shopping.

The sad fact is that men hate to shop. I realize this is probably not news to most of you. But do you have any idea how deep this shop-a-phobia really goes? "Everyone has a version of what hell is," says Andrew Postman, thirty-eight, a Brooklyn writer. "For my wife, it's standing in line. For me, it's shopping."

There are men who suffer from PSSD—post-shopping stress disorder—after being forced to stand for long, humiliating moments with one arm cocked on a rack of Donna Karan separates while holding their wife's purse so she can try on a jacket.

It takes but a few such excursions for us to be brought low. "I feel that my wife treats me like a child when we shop," Postman says. "It's like she will give me a newspaper or a book and then set me in a corner."

Frankly, the typical department store scares us. Take the alien world of the perfume counter. Should we be pulled in by the gravity field of those hundreds of tiny bottles, we will surely regret it. If we pick up a nice-smelling bottle, the women behind the counter, those scary savants of aroma, will inform us that the smoky scent of burnt umber is all wrong, that a woman really wants the erotic sensuousness of ylang-ylang. We men do not even know what umber is, and forget about ylang-ylang. This is why we regard these savants with awe and are willing to pay them $130 per ounce as the ransom for our escape.

THE COMMANDO

So for many men, like my father, the annual goal becomes the *(continued)*

HOLIDAY GIFT IDEAS

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REAL MEN DON'T SHOP

Continued

near-total elimination of anything that carries even the slightest whiff of shopping. Some manage this by treating the gift buy as a commando raid requiring split-second timing and grim determination, an activity often spurred by the calendar. "I need the pressure of a deadline or I cannot make up my mind," says James Boyd, thirty-two, an airline executive in Los Angeles. So Boyd assaults a shopping mall, often on Christmas Eve.

Catalogs are the obvious answer, but men mistrust them. "I despise catalogs," Postman says. Men, with our poorly developed shopping skills, can almost never relate the item on Claudia Schiffer's body to actual merchandise. Granted, this is partly because we are studying Claudia Schiffer's body, but I have personally tried several times to figure out the little order pages with the boxes for prices, sizes and—my favorite—colors. What, exactly, is celadon, and is it a good thing?

You can forget about Internet shopping, too. Even with the aid of those little shopping cart icons—and the allure of a mouse-activated electronic medium that bears some resemblance to a remote control—we men are not fooled. This is just a fancy catalog.

So we are reduced to actually entering a store. To take this step, shopping commandos universally agree, mental preparation is vital. "My preferred approach is to repose in a quiet place and ponder my shopping list," explains John Scherling, forty, an attorney who lives in San Diego. Scherling repairs to the couch, or shuts his office door and leans back in his chair with his eyes closed. Suitably prepared, he strikes quickly. "I can do it on my lunch hour," he boasts.



The Commando

Indecision is the bane of commandos. "For the state of my mental health I want to be in and out of there in ten minutes," says Dan Higgins, thirty-seven, an Orlando, Florida, public-relations executive. But he often fails. "I go in, look at stuff, and think, Uh-oh, now that's not right. Before I know it, five hours are shot and I don't have a damn thing."

The anxiety provoked by aiming for perfection can tie us up in knots. And commandos, with so little time to retreat and start again, get flustered. The upshot: You wind up with a sari.

THE HUNTER-GATHERER

For many a Christmas past, inspired by Dad, I was a commando. But too many emergency shopping expeditions resulted

aster. Once, at five-thirty P.M. on
nber 24, I panicked and bought a
f Looney Tunes videos for my
iend. "See, you don't get it," I
nered when she ripped open the
ping, saw Foghorn Leghorn, and
ned. "This is actually incredibly
intic. What I'm telling you is I
spending Friday nights with you
then watching cartoons on Satur
" She didn't buy it.

I learned my lesson and became
nter-gatherer. This is a class of
gift buyer, who, inspired by old
Hope specials and the song "Sil
Bells," imagine shopping during
ght snowfall with the smell of
nog in the air. Not one man I
ce to actually pulls this off—one
or another, we all wind up be
commandos—but, like Kevin
key, thirty-four, a writer living in
thampton, Massachusetts, we are
ivated to keep trying.

I grew up shopping on Christmas
," Markey recalls. "My mother had
ge heart but was chronically disor-
ized. I try to avoid that."



The Hunter-Gatherer

Thus, in an effort to find that special, "emotionally resonant" gift, Markey conducts "a scouting mission for several days, getting ideas. Then, maybe a week later, I go back and ask myself if they still seem right. Strolling around town helps get me in the spirit."

Ken Miller, a forty-two-year old New York journalist, starts selecting gifts for his wife nearly a full month before Christmas, but begins eavesdropping even earlier. If she drops a hint, he notes it in his datebook. "Part of my system is to buy three gifts. Three is good. It's a mythical satisfying number. Plus, it's the lowest number that can still be called 'several.'"

The problem with the hunter gatherer method, though, is that it requires lots of work, both physical and mental. We must walk miles in malls, hear dozens of part-time salespeople say, "Geez, I have no idea where you could find heliotrope scarves," and be confronted with the mind bending question of whether or not a tortilla warmer counts as an appliance.

THE NEGOTIATOR

In the end, then, many of us simply throw up our hands and surrender. "You know, I used to try to think of the absolute best gifts for my wife," says Tom Randolph, thirty-two, an engineer who lives in San Carlos, California. "But every one I picked out was a disaster. Now, maybe a month before Christmas, we have a conference. I say, 'Okay, what do you want?' She tells me and I hew very closely to her suggestions."

Bruce Miller, thirty-nine, *(continued)*

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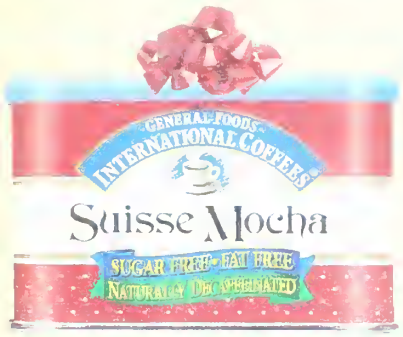
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REAL MEN DON'T SHOP

a quality manager for a huge financial services company in New Jersey, maintains that Christmas is no time for guesswork. "Under no circumstances should the gift be a surprise," he says. "Mine are highly negotiated. Last Christmas, it was a pearl necklace, which cost more than I ever imagined. But then I prorated it over the ten years we've been married, and I realized what a bargain I'd gotten."

THE PRACTICAL GUY

I suspect it is women who have trained men to ask before they buy. Still, guys say they wish they could surprise you. The problem is, we know our track record is bad.

"I think of practical stuff," Dan Higgins moans. "I cannot decide on nice things like jewelry, earrings, perfume. So I'm, like, hey, she needs panty hose. So one year I got her exactly that."

"He really did," his wife, Stephanie, confirms. "They weren't even good panty hose. He put them in a nice Victoria's Secret box. I take the lid off and fish through the tissue and find this huge bag of fifteen pairs for eight bucks."

Higgins did surprise his wife last year with a gift certificate for ballroom-dancing lessons. "I figured it was something we could do together," he says. "But I was supposed to call and pay the hundred dollars when we were ready to do it. I still haven't paid. She's gonna forget all about it!"

Experienced men are also deterred from surprise by the long list of verboten gift categories. "You gotta be



The Negotiator



The Practical Guy

careful," cautions Michael Frank, th three, a New York City editor. " lingerie. Men do not really think a their spouses' bodies the way spouses do. What if you get a bra t too small? She's gonna won 'What's he thinking when he loo me?' And a bra that covers too mu also a huge mistake."

"Victoria's Secret is absolutely bidden," Bruce Miller agrees. In he would embargo all clothing. " have no taste.

"Perfume?" Miller continues, lining his other no-go items. "Uh- Too individual. Art? No way. Art never be a surprise. Jewelry? Mayb it is one-hundred-percent returna but guys don't want that hassle."

It has also sunk in that, as one of friends' wives puts it, "If it has an el trical cord, it's not a present." Inde says Greg Langan, thirty-nine, an torney who lives in New Jersey. "T guys who give the kitchen gadgets, TVs, the VCRs, these are your g bottom-feeders. These guys are aski for trouble."

Yet, with so much forbidden, wh would Langan buy? "I try to find nice sweater."

"Last year, I got her a cashme sweater," Frank says.

"Last year, I got her an interesti sweater," Ken Miller says.

"I give her sweaters," Scherling say

But sweaters are clothing. And w can't get you a sweater every year. A Langan points out, "Gift giving is lik crop rotation. You don't wanna repea yourself too often."

So I must warn you. Sometime somewhere, you are going to get a sa for Christmas. ■



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TRADITION!

We asked you to tell us about your favorite family rituals, from dinners together to little everyday acts of love. Here, the best of your stories



I tiptoe into my ten-year-old daughter's room every morning, rub her back gently and softly say, "Good morning, sunshine." She smiles, then sits up for a hug. Those few moments of shutting out the rest of the world help us start our day off right.
—Kim Fortune, Ballston Spa, New York

Every Friday night is family night. We usually order takeout and rent videos; in the winter, we like roasting marshmallows or having a pizza party.
—Sandra Curphey, Amarillo, Texas

We start getting ready for Christmas the day after Thanksgiving. We invite friends and relatives to an all-day "flour fest"—we bake cookies all day for the upcoming holidays.
—Susan Stich, Florissant, Missouri

At bedtime, we tell our two children stories based on what happened to them that day, with a lesson on values such as kindness, sharing and manners. The girls help select the plot and characters.
—Helen Sheehan, Shaker Heights, Ohio

Sunday is our day for regrouping. We take turns cooking brunch, and my two teenagers have fun experimenting with herbs and flavorings.
—Melodee Hughes, Fort Meade, Maryland

While the men sleep off their Thanksgiving turkey, the women in our family clip coupons for our Christmas shopping spree. At seven A.M. on Friday, we head for the mall and shop all day. This has been a ritual with my family since 1958; hopefully, it will continue as long as there are shops—and plastic money!
—Jennifer Sutton, Oakwood, Georgia

Before I go to work, my daughter holds her hand out to me. I kiss her palm and close her fingers; then she does the same for me so we both have a kiss to carry with us.

It's traditional for Jewish families to light a candle on the anniversary of a loved one's death. For years, my family has extended Chanukah to include a ninth night in memory of my mother, who died just after the holiday. On "Nana Night," we light a candle just for her, and I give my three daughters gifts I believe she would have wanted them to have. I feel good knowing that my mother is alive in my children's hearts.
—Abbe Kostant Smerling, Lexington, Massachusetts

On Christmas Eve morning, I make cupcakes and drop a dime-store ring into one of the tins before baking them. The family member who finds the ring becomes our King or Queen for the night. The "monarch" has the honor of handing out the presents after dinner—and doesn't have to help with the dishes.
—Janice M. Lascko, Cleveland, Ohio

mmmmmerry Christmas.





From you to you.

(But share – it's the holidays.)



THE FRIGHTENING FACTS

- The average age kids begin drinking: 12
- Number of kids who drink: 10.4 million
- Percentage of kids who are binge drinkers (consuming five or more drinks at one sitting): 48.5
- Alcohol is often a factor in the three leading causes of death for teenagers—car crashes, suicide and homicide

SOURCES: THE NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE AND THE AMERICAN MEDICAL ASSOCIATION'S ALCOHOL AND OTHER DRUG ABUSE

The BINGE Generation

Growing numbers of kids across the country are going on wild drinking sprees—and putting their lives at risk **By Andrea Rock**

September 18, 1998, was the most terrifying day of Nancy Ecker's life. One moment the mother from San Ramon, California, was hugging her fourteen-year-old son, Gregg Visintainer, good-bye as he headed off to a friend's house for the night. A few hours later, he was fighting to survive.

The trouble began earlier that evening, when Gregg and some friends decided to go to a party at the home of a schoolmate, whose parents were away for the weekend. By the time they arrived, drinking was [illegible] Gregg [illegible] own [illegible]



Gregg Visintainer: scared sober

and beer over the next few hours.

By the time he finally made it back to the house where he was supposed to spend the night, Gregg was nearly unconscious. Panicked, his friend's parents called Nancy, who rushed her son to the emergency room. There, a medical team discovered that his blood-alcohol level was over 0.2—double the legal intoxication level set by most states. "I was standing by Gregg's head just before the heart monitor flatlined and he stopped breathing," recalls Nancy, forty-one. "I was urging him to keep fighting."

The emergency-room team *(continued on page 121)*

We do our best work after a good meal.



You might have heard about Xenical. A unique prescription weight loss medication that, when combined with a good meal, can actually help you lose weight.

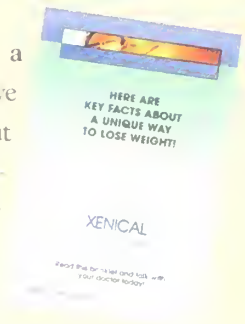
And just what is a good meal? Well, for one thing, it's not a jumbo bucket of fried chicken. Or an all-you-can-eat buffet. A good meal is one that is nutritionally balanced, reduced in calories with no more than 30 percent of calories from fat.

What Xenical does is block about one third of that fat from ever being digested. So if you're considerably overweight (at least 30 lbs. depending on height), why not ask your doctor whether Xenical is right for you.

Because if you're ready to change your eating habits, we'll get right to work. And in the end, we think you'll say it's a job well done.

Since Xenical blocks about one third of the fat in the food you eat, you may experience gas or oil with discharge, increased bowel movements, an urgent need to have bowel movements and an inability to control them, particularly after meals containing more fat than recommended. Xenical shouldn't be taken if you are pregnant, nursing, have food absorption problems or reduced bile flow. Xenical reduces the absorption of some vitamins; therefore, a daily multivitamin is recommended. Only your doctor can advise whether Xenical is right for you.

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Important Patient Information
Patient Information about XENICAL® (orlistat) Capsules

XENICAL (zen´i-cal)
Generic Name: orlistat

Please read this information before you start taking XENICAL and each time you renew your prescription. This important information may help you successfully lose weight and maintain your weight loss while taking XENICAL. This patient information is a summary and is not intended to take the place of discussions with your doctor. It does not list all benefits and risks of XENICAL. The medication described here can only be prescribed and dispensed by a licensed health care professional, who has information about your medical condition and more information about the drug, including how to take it, what to expect, and potential side effects. If you have any questions about XENICAL, talk with your doctor.

What is XENICAL?

XENICAL is an oral prescription weight loss medication used to help obese people lose weight and keep this weight off. XENICAL works in your intestines, where it blocks some of the fat you eat from being absorbed. This undigested fat is then eliminated in your bowel movements. XENICAL should be used together with a reduced-calorie diet that your doctor will recommend.

Excess weight has been proven to contribute to an increased risk of developing many medical problems, including high blood pressure, high cholesterol, heart disease, and diabetes. The consumption of excess fatty food and calories plays a significant role in the development of excess weight. While fat is an important component of a balanced diet, the consumption of excess fat contributes to excess body weight, since fat provides twice the number of calories per gram of weight as carbohydrates and protein. Reduction of dietary fat intake is one potential way of losing weight.

How does XENICAL work?

If you eat an excess amount of fat or calories, the excess is stored as fat by the body resulting in weight gain. When you eat fat, your body breaks it down into its simplest components so that it can be absorbed. Enzymes in your intestinal tract, called lipases, help digest (or breakdown) fat. When you take XENICAL with meals, XENICAL attaches to the lipases and blocks them from breaking down some of the fat you have eaten. The undigested fat cannot be absorbed, and is eliminated in your bowel movements. By working this way, XENICAL helps block about 30% of the fat eaten in food from being absorbed by your body.

Following one year of treatment, XENICAL in combination with diet was shown to be more effective in reducing weight than diet alone. In most cases, weight loss was gradual. Patients treated with XENICAL and a reduced-calorie diet for one year lost an average of 13.4 pounds while those on a reduced-calorie diet alone lost 5.8 pounds.

Who should use XENICAL?

A weight loss program that includes a reduced-calorie diet and appropriate physical activity may be adequate in some patients. You should discuss with your doctor or other health care provider whether XENICAL should be added to such a program.

XENICAL may be right for you if you are considerably overweight (at least 30% above ideal weight or a body mass index of 30 or greater). XENICAL may also be right for you if you are overweight (at least 20% above ideal weight or a body mass index of 27 or greater) and also have other risk factors such as high blood pressure, high cholesterol, heart disease, or diabetes.

How to determine your body mass index (BMI)

The chart below illustrates BMI according to a variety of weights and heights. The BMI is calculated by dividing your weight in kilograms by your height in meters squared. To use this chart:

- Find the height closest to your height in the left hand column.
- Then move across the top row to find the weight closest to your weight.
- The number where these two meet is your BMI. (For example, a person who weighs 180 lbs and is 5'5" would have a BMI of 30.)

Who should not use XENICAL?

Those who:

- consistently have problems absorbing food (chronic malabsorption), or
- have gallbladder problems, or
- are pregnant or are breastfeeding a child, or
- have ever had an allergic reaction to orlistat or any of the inactive ingredients in XENICAL.

What should I tell my doctor before taking XENICAL?

Before beginning treatment with XENICAL, make sure your doctor knows if you are:

- allergic to any medicines, foods, or dyes.
- taking any other weight-loss medication.
- taking cyclosporine.
- taking any other medicines (including those not prescribed by your doctor).
- taking any dietary supplements, including herbal products.
- planning to become pregnant, or
- anorexic or bulimic.

Height	Weight																				
	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320
5'0"	23	25	27	29	31	33	35	38	40	42	44	46	48	50	52	54	57	59	61	63	65	67
5'1"	22	24	26	28	30	32	34	36	38	40	43	45	47	49	51	53	55	57	59	61	63	65
5'2"	21	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63
5'3"	20	22	24	26	28	30	32	34	36	38	40	42	44	45	47	49	51	53	55	57	59	61
5'4"	19	21	23	25	27	29	31	33	35	37	38	40	42	44	46	48	49	51	53	55	57	59
5'5"	18	20	22	24	26	28	30	32	34	36	37	39	41	43	44	46	48	50	51	53	55	57
5'6"	18	19	21	23	25	27	29	31	33	34	36	38	40	41	43	45	46	48	50	52	53	55
5'7"	17	19	20	22	24	26	28	30	31	33	35	37	38	40	42	43	45	47	48	50	52	53
5'8"	16	18	19	21	23	25	27	28	30	32	34	35	37	39	40	42	44	45	47	49	50	52
5'9"	15	17	18	20	22	24	25	27	29	31	32	34	36	37	39	41	42	44	46	47	49	50
5'10"	15	16	18	19	21	23	24	26	28	29	31	33	34	36	38	39	41	43	44	46	47	49
5'11"	14	15	17	18	20	22	23	25	27	28	30	32	33	35	36	38	40	41	43	44	46	47
6'0"	13	15	16	18	19	21	22	24	26	27	29	30	32	34	35	37	38	40	42	43	45	46
6'1"	13	14	15	17	18	20	21	23	24	26	28	29	31	32	34	36	37	39	40	42	43	45
6'2"	12	13	15	16	17	19	20	22	23	25	27	28	30	31	33	34	36	38	39	41	42	43
6'3"	11	13	14	15	17	18	19	21	22	24	26	27	29	30	32	33	35	36	38	40	41	42
6'4"	11	12	13	15	16	17	19	20	22	23	25	26	28	29	31	32	34	35	37	39	40	41

Weight in pounds

Height in feet and inches

BMI information will help you and your physician decide if the expected advantages of XENICAL are greater than any possible disadvantages.

How should I take XENICAL?

The recommended dose is one 120 mg capsule by mouth with fluid at each main meal that contains fat. You can take XENICAL in conjunction with a mildly reduced-calorie diet up to three times a day. Each time you take XENICAL, your meal should contain no more than 30% of calories from fat. Take XENICAL during meals or up to one hour after a meal. If you occasionally miss a meal or have a meal without fat, you can omit your dose of XENICAL. Doses greater than 120 mg three times a day have not been shown to provide additional a weight loss benefit.

You should use XENICAL together with a nutritionally balanced, mildly reduced-calorie diet that contains no more than about 30% of calories from fat. You should evenly divide your daily intake of fat, carbohydrates, and protein over 3 main meals.

You should try to follow a healthy eating plan such as the one developed by the American Heart Association. Following this eating plan will help you lose weight while decreasing some of the possible gastrointestinal effects you may experience while taking XENICAL.

IF YOUR DAILY CALORIE LEVEL IS:	THE RECOMMENDED DAILY GRAMS OF FAT (in a 30% fat diet) ARE:
1500	50
1600	53
1800	60
2000	67

Should I take a multivitamin with XENICAL?

XENICAL interferes with your body's absorption of some fat-soluble vitamins. Therefore, when you use XENICAL, you should take a daily multivitamin supplement that contains vitamins D, E, K, and beta-carotene. Take your multivitamin once a day at least 2 hours before or after taking XENICAL, such as at bedtime.

Can I take XENICAL while taking other medications?

Be sure to discuss with your doctor all medications (including herbal products) you are taking, including medicines you can get without a prescription (over-the-counter), to see if XENICAL can be taken in addition to these medications.

How long should I use XENICAL?

The use of XENICAL for more than 2 years has not been studied. You and your doctor should discuss how long you should use XENICAL.

What are the most common side effects of XENICAL?

Because XENICAL works by blocking the absorption of dietary fat, it is likely that you will experience some changes in bowel habits. These generally occur during the first weeks of treatment; however, they may continue throughout your use of XENICAL. These changes may include oily spotting, gas with discharge, urgent need to go to the bathroom, oily or fatty stools, an oily discharge, increased number of bowel movements, and inability to control bowel movements. Due to the presence of undigested fat, the oil seen in a bowel movement may be clear or have a coloration such as orange or brown.

These bowel changes are a natural effect of blocking the fat from being absorbed and a sign that XENICAL is working. They generally occur early in treatment, particularly after meals containing higher amounts of fat than are recommended. These symptoms are often temporary and may lessen or disappear as you continue treatment and keep to your recommended plan of meals containing no more than about 30% fat. However, these side effects may occur in some individuals over a period of 6 months or longer.

If you are concerned about these or any other side effects you experience while using XENICAL, talk to your doctor or pharmacist.

What lifestyle changes should I consider when taking XENICAL?

You must use XENICAL with a recommended mildly reduced-calorie diet. You should also follow a program of regular physical activity, such as walking. **However, before you undertake any activity or exercise program, be sure to speak with your doctor or health care professional.**

How can I reduce dietary fat?

To help you get started on reducing the fat in your diet to around 30%, read the labels on the foods you buy. You should avoid foods that contain more than 30% fat while you are using XENICAL.

- When eating meat, poultry or fish, limit your portion to 2 or 3 ounces (roughly the size of a deck of cards). Choose lean cuts of meat and remove the skin from poultry. Fill your meal plate by including more grains, fruits, and vegetables.
- Replace whole-milk products with non-fat or 1% milk and non-fat, reduced-fat, or low-fat dairy items.
- Cook with less fat. Use vegetable oil spray when cooking. Salad dressings, baked items, and prepackaged, processed, and fast foods are usually high in fat. Choose the low- or non-fat versions and/or cut back on serving sizes.
- When dining out, ask how foods are prepared and request that they be prepared with little or no added fat.

Roche Pharmaceuticals

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BINGE GENERATION

nued from page 116

ged to resuscitate Gregg, but they Nancy that if he had been left to it off, as his pals originally intend- do, he would have died of alco- oisoning.

ortunately, Gregg made a full re ry. Today, he has learned to just o to alcohol. "I almost took my vithout realizing it," he says, "and ired me so much that I keep away drinking now." He gives talks to r teens to help them avoid a similar tmare. "I tell them that maybe they 't listen to what their parents say it drinking, but that they should lis- o me because I've been there."

/hat happened to Gregg has be- e all too common across the U.S. inking is the leading life-threatening blem for young people today in this ntry," says Richard Yoast, Ph.D., ctor of the American Medical Asso- ion's (AMA) Office of Alcohol and ier Drug Abuse, in Chicago. "Of drugs parents need to be concerned ut, alcohol outweighs [them] all."

PARTY TIME USA

Of course, kids have always experimented with drinking. Biggest current worries among experts about today's teenagers is that they're consuming larger quantities of liquor at one sitting—and they're doing it at younger and younger ages.

Despite the fact that the legal drinking age in the U.S. is twenty-one, growing numbers of kids now take their first drink in elementary school. According to a 1999 survey by the National Parents Resource Institute for Drug Education, in Newaygo, Michigan, about 6 percent of fourth graders, 8 percent of fifth graders and 12 percent of sixth-graders reported drinking beer within the past year.

Nor do they have any problem obtaining alcohol. Some kids persuade a young adult to buy liquor for them; others have learned they can simply walk into a store and purchase booze themselves because enforcement of the law is so lax. In Minnesota, for example, when a state coalition to reduce underage drinking began conducting sting operations at bars and stores where alcohol is sold, they discovered that almost half of the merchants never even bothered to check young patrons' ages. And in a sinister twist, kids are now buying alcohol online—no adult signature required.

This easy access has led to huge teen drinking parties. In Iowa, kids have been keg parties in fields across the state every weekend. In the Dallas area, "warehouse parties" are all the rage. Teens take up a collection to pay for the rental of a warehouse, the alcohol and even chartered buses to and from the event.

In a misguided effort to monitor their children's drinking, *(continued)*

How do you approach your kids about the dangers of alcohol? What steps have you taken to prevent underage drinking in your family? Log on to our Teens and Drinking discussion group at www.lhj.com/solutions to share your stories and get advice from parents just like you.



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more and more parents are sponsoring parties of their own, but experts caution that hosting such parties sends kids the message that underage drinking is okay. Not only that, it's virtually impossible for parents to control the partygoers' alcohol intake. The results can be disastrous.

Consider the case of David and Nancy Simons of Forrest City, Arkansas, who hosted a "senior skip day" party for their son and his friends in May 1998. "We thought it was safer to have them here because otherwise they would have gone to an out-of-town party and would have driven a long way after they'd been drinking," says Nancy, forty-five.

More than one hundred high-school students attended the bash, draining two kegs of beer by noon. Seventeen-year-old Jodi Lawson left the party in a pickup truck driven by William "Todd" Lacefield, now twenty-two, the best friend of one of the Simons' sons. Lacefield, who later [illegible] impaired driving charges. The control of the vehicle [illegible] Jodi was killed instantly.

[illegible] Simons with manslaughter. [illegible] a jury convicted David of [illegible] homicide and [illegible] by the delinquency of a minor and Nancy of providing alcohol and contributing to the delinquency of a minor. The Simons agreed to pay $10,000 for a scholarship fund in Jodi's name as well as fines totaling $3,500, and to perform two years' worth of community service to combat underage drinking. (The case against William Lacefield has not yet been resolved.)

"This has been a nightmare that will be with us the rest of our lives, but I feel we're unfairly cast as bad people," says Nancy. "We don't want kids to drink, but we know they will, so we thought we were providing a safe place for them. Lots of parents know their kids are doing this kind of partying, and [they] look the other way. They should take some responsibility, too."

DRINKING TILL THEY DROP

Many parents underestimate the a[illegible] gers of underage drinking until it's [illegible] late. "They don't perceive it as a [illegible] ous problem," says Karolyn Nunnee, [illegible] national president of the Dallas-b[illegible] Mothers Against Drunk Driving. "[illegible] ents say to me, 'Thank God it's [illegible] beer, not illegal drugs.' The [illegible] shocked when I tell them that ne[illegible] six times more young people die [illegible] result of alcohol than from all othe[illegible] legal drugs combined."

The way alcohol is marketed add[illegible] the perception that drinking is the [illegible] choice. Some critics point to prod[illegible] they call "kiddie booze": alcoholic b[illegible] erages in flavors that seem to be targe[illegible] at younger drinkers. Also available [illegible] alcoholic cola and lemonade with [illegible] toonish labels that might appeal to te[illegible] says Penny Norton, director of FACT[illegible] national nonprofit organization in Cl[illegible] Michigan, that works to educate [illegible] public on issues involving alcohol.

Even beer, the number-one cho[illegible] for underage drinkers, has undergo[illegible] big changes in recent years, she sa[illegible]



)W TO TALK TO YOUR KIDS ABOUT DRINKING

essential to broach the subject with your child by age nine, says Lonnie ton, Ph.D., a family therapist and educator in Boston who worked with heuser-Busch to help develop "Family Talk About Drinking," an ıcational guide for parents. Other tips for parents from Carton and ıerts at the American Medical Association:

A GOOD ROLE MODEL. Set an example with your own drinking habits.

CK YOUR LIQUOR CABINET and never serve alcohol to teens.

FACTUAL. Explain in a calm, straightforward manner that underage nking is against the law and can harm your child's health.

TABLISH FIRM RULES ABOUT DRINKING, and enforce them.

T TO KNOW YOUR CHILDREN'S FRIENDS AND MONITOR THEIR TIVITIES. If your son or daughter is going to a party, call the other rents to find out if alcohol will be served. Teach your teen to phone you r a ride rather than driving with a friend who has been drinking.

Finally, if, despite your best efforts, your child or one of his friends comes so intoxicated that he passes out, get medical help immediately.

For more information on talking to your children about alcohol, Mothers gainst Drunk Driving has developed a CD-ROM program entitled The Key. order, call the organization toll-free at 877-539-8255, or visit their Web te www.madd.org (there is a $4.50 shipping charge for the CD-ROM). For free copy of "Family Talk About Drinking," call 800-359-8255. —A.R.

Domestic beers traditionally contain 4 percent alcohol, but today there are 172 brands of beer with an alcohol content of more than 5 percent. Beer is also now sold in larger containers, like the twenty-two-ounce cans kids call "40 ounces."

According to Norton, these bigger, more potent products may only encourage teens to engage in binge drinking. Across the country, the bingeing has gotten so out of hand that some principals have even proposed canceling such events as the senior prom.

Binge drinking has also become the pastime of choice for high-school students on spring break, says Esther Dieckmann, the policy chairperson for Texans Standing Tall, a coalition working to prevent underage alcohol abuse. On one such trip to Mexico last year, San Antonio teenager Julia Prado plunged to her death from a hotel balcony. Officials say that alcohol played a role in the tragedy.

Yet despite the horror stories, most teens still have no idea that binge drinking can *(continued on page 18)*

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WHY BLIZZARDS MAY BE BAD FOR HIS HEALTH

This winter, you might want to tell your husband to take it easy on the snow shoveling. A new study shows that it may endanger the life of a man as young as thirty-five. Researchers found that temperatures below 19°F. coupled with snowfall of more than an inch triple a middle-aged man's chance of dying from a heart attack if he shovels snow.

A MAKEOVER FOR YOUR MAN?

Wondering what to get your husband for Christmas? Perhaps he'd like some plastic surgery. The number of guys having liposuction, the most popular procedure among men, has nearly quadrupled since 1992, according to the American Society of Plastic and Reconstructive Surgeons. More and more men are undergoing eyelid surgery, too, which gives droopy lids a boost, or nose reshaping—even face-lifts. But watch out for the hefty price tags: nearly $2,000 for liposuction, $3,000 for eyelid surgery and $5,000 for a face-lift. And complications, while infrequent, range from nerve damage to death.



MAN, THE SPECIES

Why does it seem that men can only do one thing at a time?

The theory is that women can simultaneously access the thinking and feeling parts of the brain, which are involved in juggling multiple tasks, whereas most men can't, says Carol Philpot, Psy.D., professor and dean of the School of Psychology at the Florida Institute of Technology in Melbourne. There's also a possible evolutionary explanation: When men were hunters, they had to focus on getting the job done or they would become the hunted.

QUESTION OF THE MONTH

WHAT WAS THE BEST CHRISTMAS GIFT YOUR WIFE/GIRLFRIEND EVER GAVE YOU? (From our panel)



Jeff Huhta, 32, engineer, Fort Collins, Colorado

"When my girlfriend said, 'I really want to spend next Christmas with you.' That was last year, and now we're engaged."



Ross Bretches, 31; landscaper, Waynesboro, Virginia

"My wife ordered a two-person hammock that I said I wanted a year earlier. I love lying in it with her and snuggling."



Philip Lucey, 41; two kids, ages 10 and 11; sales director, Newburyport, Massachusetts

"When my ex-wife and I were married, she gave me a framed drawing that I had admired at an art exhibit. It was a total surprise—and a very thoughtful holiday gift."



Peter Crow, 34; two kids, ages 3 and 1; physician, Charlottesville, Virginia

"My wife took me to a hockey game for Christmas. She doesn't like hockey, so it meant a lot that she was making an effort to do something that was fun for me."



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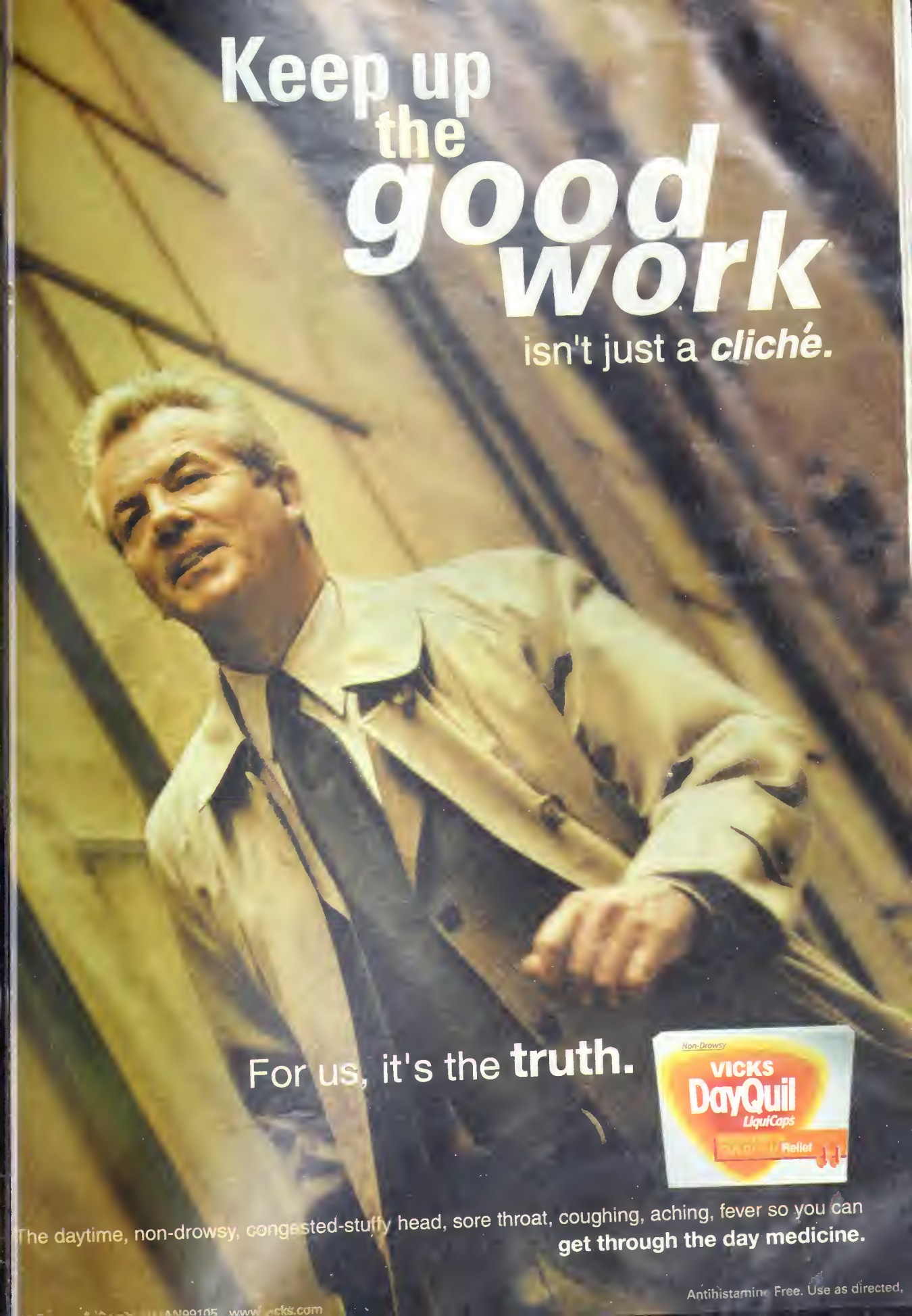
Get up and go

isn't just a *figure of speech.*



We can get you **going.**

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For us, it's the truth.
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21 Predictions FOR THE 21st CENTURY

What's next? With a new century, not to mention a new millennium, about to begin, that question is looming large. What will the next one hundred years bring? Cures for disease? Deadly epidemics? Mass destruction? World peace? Will the world ten decades from now even be recognizable to us twentieth-century types?

A hundred years ago, LHJ published a list of predictions for the coming century that proved to be remarkably prescient. Yes, we do have air-conditioning, just as the December 1900 issue said we would, as well as a form of worldwide [illegible] we now call live television coverage.

[illegible] edition, we're looking forward once again. To see [illegible] asked a number of experts—leaders in [illegible] clans, academics, business chiefs, writers, journalists [illegible] the life we'll lead in the century that's just beginning.


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The twenty-first century will see babies born completely outside the human body as the normal and common way to create children. People will be conceived in dishes, the embryos will be checked for genetic diseases and then grown to term in artificial wombs.

—Arthur Caplan, Director, Center for Bioethics, University of Pennsylvania

Stem cells will be used to grow replacement organs.

—Dean Ornish, M.D., founder and President, Preventive Medicine Research Institute

As a woman begins perimenopause, she will be able to measure her hormones daily and take the exact amount of each hormone—in a gel form that's rubbed into the skin—to keep her at her optimum reproductive levels.

—Lonnie Barbach, Ph.D., psychologist and sex therapist

Mental illness will be curable—and in some cases preventable. Scientists will understand how genes and the environment interact to build the brain, determining its chemistry and circuitry, and how these processes go awry to cause mental illness and other brain disorders. Advances in brain imaging, molecular genetics and other technologies will make it possible to predict whether a person is at risk for mental illness, research will yield revolutionary new treatments and even ways of preventing these devastating illnesses that today affect so many millions of people around the world.

—Steven E. Hyman, M.D., Director, National Institute of Mental Health

The leading cause of death will be epidemics. ***—Watts Wacker, futurist and CEO of FirstMatter***

MEN AND WOMEN, AT HOME AND AT WORK . . .

Because people will be living longer and will be healthy to an older age, there will be an enormous turnover in marriage. It will not be unusual for a person to be married five or six times. There will also be two forms of marriage—a permanent one and a "companionate marriage." The latter, by its very nature, will be a relationship terminable at will, but still conferring legitimacy upon offspring. The "permanent" marriage will be governed by the more conventional and usual rules. The companionate marriage will be a lot more fun.

—Raoul Lionel Felder, matrimonial lawyer

There will be a very small percentage of men who still make more money than women, but as a general rule, women will make more money than men. With technological advances, muscle, which used to give men an edge, is really not required. What is required are communication skills, with which women tend to have an edge over men.

***—John Gray, author,* Men Are from Mars, Women Are from Venus**

Men will spend as much time as women on rearing children over one year old. *—Stew Friedman, Director, Wharton Work/Life Integration Project*

There will be two dominant occupations in the future: 1) technology jobs and 2) confusing the public. Technology innovations will cause companies in most industries to produce identical products and services. For companies to survive, they will have to become experts at confusing the public into thinking their generic products are better than their competitors' generic products. A few other professions will survive, particularly the ones involving bodies of other people, e.g., healing, massaging, carrying people from burning buildings. But most jobs will involve either technology or lying (sometimes called sales and marketing).

—Scott Adams,* Dilbert *creator

The first, second, and third woman President will be elected in the first half of the twenty-first century.

—Ellen R. Malcolm, President, EMILY's List

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—Aliza Sherman, President, Cybergrrl, Inc.



The twenty-first century will be remembered as the century of contact: the discovery of life-forms of extraterrestrial origin. Not LGMs (little green men—or women) to be sure, but life-forms, all the same. *—Peter G. Brown, Editor,* The Sciences

GOING PLACES

The year is 2030. You still can't get good airline food and *Star Wars Part 20* has just been released. But what has captured the public's imagination is the launch of NASA's first interstellar probe. This Coke-can-size machine doesn't look anything like the spacecraft of 1999. It will reach and land on a passing asteroid two years after its launch from Earth, where it will use its DNA-based biomimetic system as a blueprint to evolve, adapt and grow into a more complex exploring and thinking system.

—Daniel S. Goldin, NASA administrator

Space travel will become a recreation for the ultra-wealthy, but eventually will become accessible to most people.

— Aliza Sherman, President, Cybergrrl, Inc.

[illegible]

The electronic superhighway will replace the supermarket. At the touch of a button, a shopper can order any [illegible] dish, in any language—from caviar and boeuf en daube to Sacher torte and lemon-meringue pie—to be delivered within minutes to the customer's door and paid for with an electronic credit card. The only process that will not be done electronically is actually eating and digesting the food.

—Betty Fussell, food historian

Fluid pricing will replace fixed pricing, and consumers and marketers will negotiate prices on everything from airline tickets to soft drinks based on the supply and demand of the moment. Whether the transaction takes place on the Internet or in a retail establishment, the negotiation will be handled by computer programs.

Irma Zandl, trend researcher and President, The Zandl Group

Fashion and beauty items will be worn by individuals to minimize exposure to germs in public places. Items will include personal air purifiers and second skin suits to protect the epidermis in the form of bodysuits, gloves, tights, long underwear and socks. For a short time, people will avoid shaking or holding hands [illegible] kissing in public for fear of transmitting or receiving unwanted germs, and spitting becomes the ultimate insult and a potential threat to others' health, so it is banned in public places.

—Aliza Sherman, President, Cybergrrl, Inc.

Later rather than sooner, but eventually during the next millennium, humankind will establish a viable and authoritative world government that will forever abolish war as a means of settling international conflicts. *—Walter Cronkite*

There will be term limits on life, based on each individual's ability to pay for his or her own care.

—Watts Wacker, futurist and CEO of FirstMatter

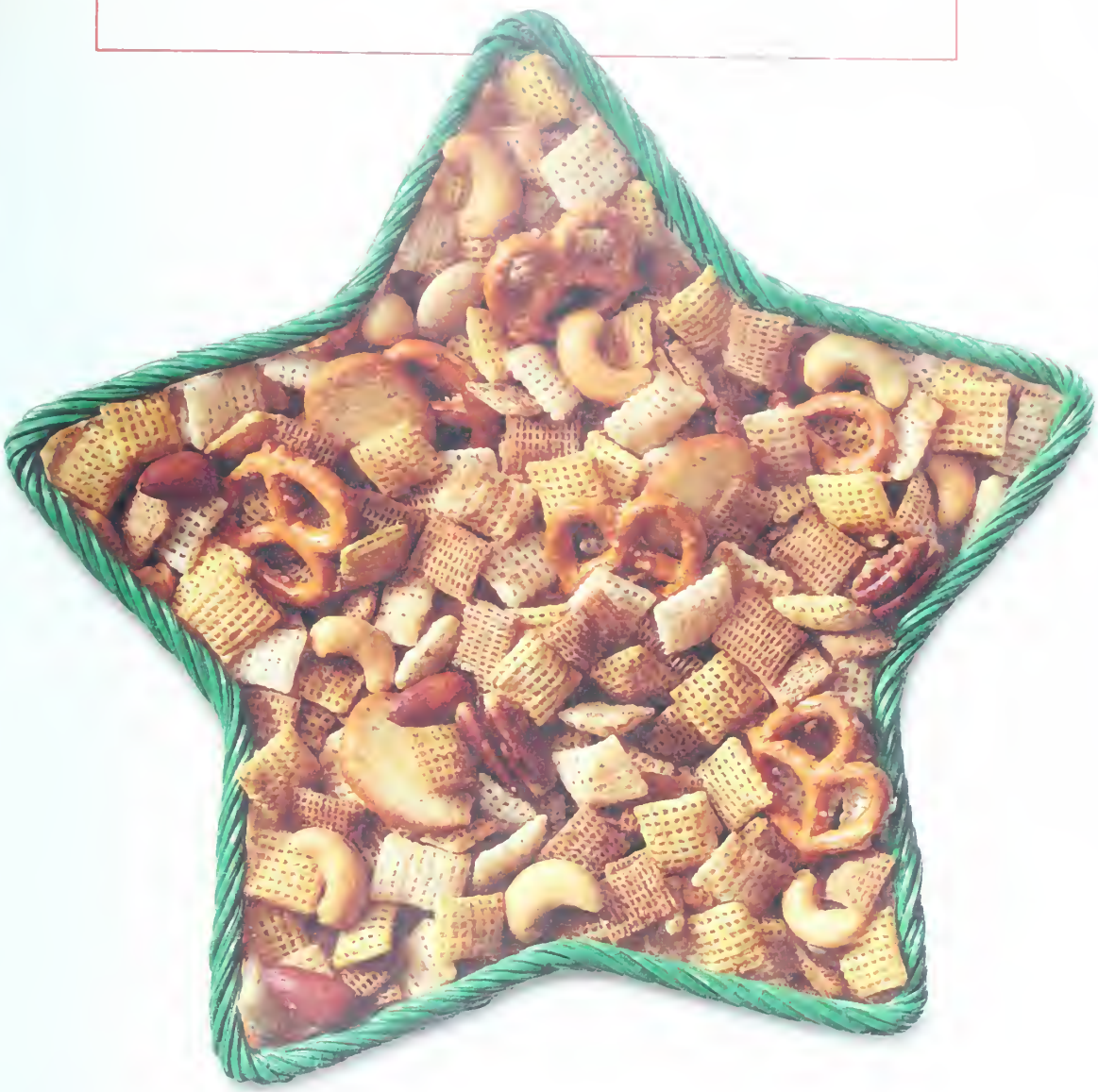
"Locator" chips, embedded in babies at birth, will be able to transmit the position of a lost child anywhere on earth, via information from the Global Positioning System. "Protein sensor" chips will be able to measure microchemical changes in the body and so offer early diagnoses of cancer and other diseases. "Communicator" chips, small enough to wear behind one's front teeth and in one's ears, will act as the ultimate in cellular telephone handsets, enabling people to make a phone call or control the twenty-first-century version of the Internet by voice alone.

—Peter G. Brown, Editor, The Sciences

We will understand the biological basis for human "love," and couples will still be doing it. *—Phillip A. Sharp, Center for Cancer Research, Massachusetts Institute of Technology*

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Tbs. Worcestershire sauce
1/2 tsp. seasoned salt
/4 tsp. garlic powder
1 2 tsp. onion powder
3 c. Corn Chex cereal
3 c. Rice Chex cereal
3 c. Wheat Chex cereal
1 c. mixed nuts
1 c. pretzels
1 c. garlic flavor bite-size bagel chips or regular bagel chips broken into 1-inch pieces

eat oven to 250.° Melt margarine in large roasting pan in oven. Stir in seasonings. radually stir in remaining ingredients until evenly coated. Bake 1 hour, stirring every 5 minutes. Spread on paper towels to cool. Store in airtight container. 12 cups snack. icrowave directions on box. High Altitude (3500-6500 ft): No changes.



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CHRISTMAS 1999

IT'S THE LAST HOLIDAY SEASON OF THE CENTURY, AND TO CELEBRATE, *LADIES' HOME JOURNAL* TAKES YOU TO SOME OF THE MOST FESTIVE AND FAMOUS HOMES IN THE COUNTRY. GO BEHIND THE SCENES AT **THE WHITE HOUSE** TO PLAN CHRISTMAS WITH THE FIRST LADY. MAKE MERRY WITH THE JOYFULLY RAMBUNCTIOUS McCAUGHEY **SEPTUPLETS**. AND DISCOVER THE MAGIC OF FAMILY TRADITIONS IN THE HOME OF **THE CHRISTMAS BOX** AUTHOR, RICHARD PAUL EVANS. HAPPY HOLIDAYS!

THIS CHRISTMAS, AS THEY COUNT THEIR BLESSINGS, BOBBI AND KENNY McCAUGHEY TALK ABOUT RAISING THEIR EIGHT CHILDREN—AND THE SPECIAL CHALLENGES THAT LIE AHEAD

By Kathryn Casey



CELEBRATING With The SEPTUPLETS





KENNY, THE WILD MAN
The adventurous one, he looks the most like his father

"IT CAN GET A LITTLE WILD IN HERE," SAYS BOBBI OF THE LAUGHTER—AND FREQUENT FRANTIC WAILS—THAT FILL HER HOME



MIKAYLA, THE BIG SISTER
"It's really fun to watch her with the babies," says Kenny

How hectic are the holidays for Kenny and Bobbi McCaughey and their world-famous septuplets? So hectic that last year, Kenny forgot to buy his wife a present.

"Did I?" he asks Bobbi incredulously.

"Uh-huh," she replies.

"I don't remember," Kenny admits.

Bobbi, thirty-one, gives him a stern look. "That's okay; after Christmas I went catalog shopping," she says, pointing out her purchases—a wall shelf bearing knick-knacks and a small table with drawers.

The McCaugheys frown at each other, then break into broad grins. Soon they're both chuckling.

The sound of laughter often permeates this Carlisle, Iowa, home. If the couple isn't indulging in a little good-natured teasing, the septuplets, now two, and big sister Mikayla, almost four, are making lots of noise—the happy sounds of playtime, interspersed, of course, with frequent frantic wails.

"It can get a little wild in here," admits Bobbi.

The past year has been a pivotal one for the family. They sold their cramped, eight-hundred-square-foot home and settled into the expansive five-bedroom, five-bath house given to them by Iowa's building contractors and suppliers. After fourteen years, Kenny quit his job as a billing clerk at a local car dealership to become a public speaker. And their record-setting progeny have grown from infants to toddlers.

Along the way, the McCaugheys have faced challenges, relying on humor and a deep faith to get them through. "God doesn't give us more than we can manage," Bobbi says. "We could look at things two ways: be upset that some of our children have special needs or be grateful for all they can do today that they couldn't do yesterday. We concentrate on the good news."

NEW HEALTH CONCERNS

At eight-thirty A.M. on this Monday morning, Bobbi is placing a stack of homemade waffles cut into half-inch squares on the trays of six of the seven high chairs that sit in front of the kitchen window. Five of the septuplets eat heartily. Natalie, however, mashes a handful between her tiny fingers, then smears it in her curls.

"Natalie, eat!" admonishes her mother.

The blue-eyed toddler shows little interest. Along with her sister Alexis, she relies on tube feedings through a line into her stomach for nourishment. Both girls suffer from severe reflux, a condition similar to adult heartburn but more serious. Despite medication and esophageal operations, both girls vomit frequently.

While Natalie eats some solid food, Alexis's digestive system is more delicate. Last January, during a bout with the flu, it shut down completely, and she ended up in the hospital suffering from dehydration. Since then, the toddler has received her tube feedings from a *(continued)*



BRANDON, MR. MOODY

"He can be happy and, for no reason at all, suddenly he's mad at the world," says Bobbi



KELSEY, THE TOMBOY

"She's right there in it with her brothers," says Kenny

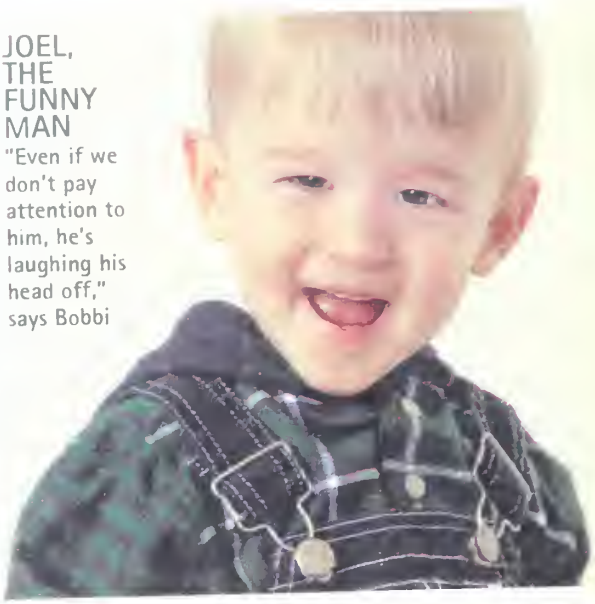
NATALIE, THE SENSITIVE ONE

The smallest at eighteen pounds, four ounces, "she has her feelings hurt easily," says Bobbi



JOEL, THE FUNNY MAN

"Even if we don't pay attention to him, he's laughing his head off," says Bobbi



NATHAN, THE FLIRT

"Everyone loves his laugh and his big blue eyes," says his proud mother



ALEXIS, TEMPER, TEMPER

"When she's happy, she's very happy. When she's not, look out," warns Bobbi



continued pop-up that slowly drips a high-calorie formula directly into her stomach.

"We're doing swallowing exercises with Alexis," says Bobbi. "We have to condition her to know that this is food, and it tastes good. But she and Natalie are thriving. Both have gained more than five pounds this year."

Like Brandon, Joel, Kenny, and Kelsey, Natalie is walking and talking. The family's pediatrician, Peter Hetherington, M.D., says developmentally, all five children are right where they should be.

While some of the septuplets have other relatively minor concerns—for instance, Kenny may need glasses and Joel will probably undergo surgery this winter to correct strabismus, a muscle condition that causes one of his eyes to drift and cross—it's Alexis and Nathan that Bobbi refers to when she talks of her children's "special needs."

Since birth, Nathan's lower body and leg muscles have been rigid. Alexis has little strength in her trunk. Neither child can walk or sit up without help. To keep up with his siblings, Nathan half-crawls around the house on his stomach. Affectionately, Bobbi calls it "scooch." Alexis gets around by pushing with [illegible] while lying on her back. In October, a specialist diagnosed Alexis with hypotonic quadriplegia, a disorder that causes muscular weakness in all four limbs, and Nathan with spastic diplegia, a condition that causes spasticity in his legs. MRI scans of the two children's brains showed areas where their brains are underdeveloped.

"I was expecting it, preparing for it," admits Kenny. "It's going to be a challenge for Alexis and Nathan, and for us."

Bobbi is characteristically upbeat about the children's prognosis. "You never want your kids to have to go through anything hard. But it could be much worse. If they do their therapy and [illegible] are worse than it is now, and it could get much better."

Two days a week, physical and occupational therapists, some paid for by the McCaugheys' health insurance, others by the local school district, visit the house to work with Alexis and Nathan. They've shown Bobbi and Kenny how to massage and manipulate the toddlers' muscles to ease the rigidity. By doing repetitive motions with the children's arms and legs, the therapists hope to reprogram their healthy brain tissue to take over for the damaged areas.

Alexis and Nathan often cry out during the exercises. But Bobbi says that while it's hard to put them through the pain, "it's better than the alternative." Left untreated, the children's rigid muscles would make it difficult for them to control their limbs.

Both toddlers also wear plastic leg braces to bend their ankles and keep their toes from pointing and stretch the muscles in the back of their legs. At regular intervals, Bobbi straps them into a special device called a stander—a board with an attached tray. It gives the children the sensation of standing and frees their hands to play, to help develop fine motor skills.









"I DON'T BELIEVE IN PLAYPENS," SAYS BOBBI. "HO[illegible]

"It's going to be a hard and long process," says Kenny.

"But the kids are doing well," insists Bobbi. "Nathan is pulling himself up and kicking his legs, just in the past couple of months. He's even walking with a metal walker. And pushing on her back and rolling over is new for Alexis."

What if one or both kids have severe disabilities, the type that could eventually require a wheelchair? Bobbi pauses for only a moment, then talks about a cousin with cerebral palsy and her father's brother, Chet, who was born with spina bifida. "My cousin walks. She lives with her parents, but if she wanted to she could be independent." Chet died five years ago, but Bobbi remembers him as "very talented. Disability doesn't make someone any less of a person."

ALL IN THE FAMILY

After breakfast, the septuplets get to work. Several play with the toys that take over one corner of the living room; the others watch a Christian music video and gyrate to scale the furniture. The only areas closed off to them are Bobbi's sewing room, which also houses Kenny's computer, the laundry room (where two washers and two dryers churn up to eleven loads a week) and the stairs leading to the second-floor bedrooms and the basement.

One thing is noticeably absent: a playpen.

"I don't believe in them," Bobbi explains, as she nonchalantly retrieves baby Kenny, dubbed "the wild man," from the top of the dining-room table. "How will they learn if they can't experience?"

Mikayla, who just woke up, has dressed herself in a too-small Barbie wedding gown. Nibbling on a waffle at the kitchen counter, she lets out a wail: "Mama, make Brandon leave my dolls alone!"

"You have to share, Mikayla," Bobbi reminds her, as Brandon chews happily on the doll.

Aside from a few normal sibling squabbles, Mikayla gets along well with her brothers and sisters, says Bobbi. Whether she's serving tea in her playhouse (a gift from Oprah Winfrey) or swinging on the swingset, Mikayla usually asks to bring one or two of the toddlers along.

A minute later, Kenny grabs young Kenneth Robert to change his diaper. As he struggles to hold down the squirming toddler, Kenny talks about leaving his nine-to-five job at the car dealership to begin his speaking career. Since last February, he has given speeches to numerous Christian organizations, sharing "how God's been working and how he continues to work in our lives."

"I was ready [for the new job]," he explains. "It gave me

[illegible] quit, I would [illegible] them first step [illegible] words."

Public speaking [illegible] he notes, supplements the [illegible] catapulted the entire family into instant celebrity. "We're so well known across the world I can't go anywhere without people recognizing me," Kenny says. The public speaking [illegible] efficient way to provide for the family, he adds. "Three or four engagements a month more than make up for my salary."

Today, the McCaughevs live conservatively on Kenny's earnings. They save the proceeds from their other projects, such as the two books they've written—*Seven from Heaven* and *Celebrating the Wonder of Motherhood* (Thomas Nelson, 1998 and 1999)—as well as the fees they've earned from advertising endorsements. Bobbi has a line of Simplicity patterns, and Kenny has appeared in a commercial for Black & Decker. More recently, Bobbi and the babies donned white foamy mustaches for a "Got Milk?" ad.

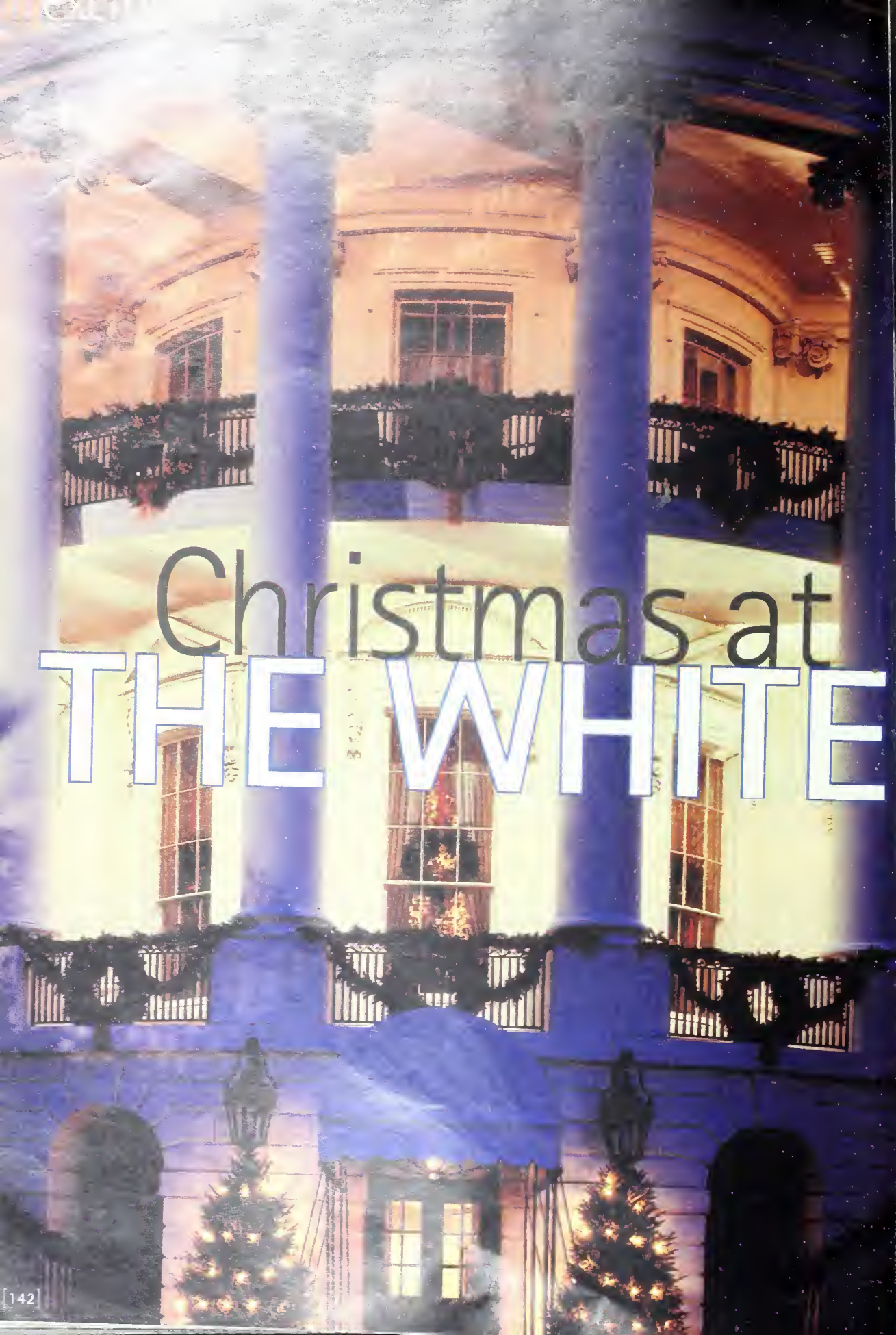




LL THE KIDS LEARN IF THEY CAN'T EXPERIENCE?"

Their latest effort, a lullaby album titled *The McCaughey Septuplets Sweet Dreams*, hits the stores in mid-November. The album features Bobbi and Kenny singing a duet of the song "'Tis So Sweet," as well as lullabies by artists such as Kathie Lee Gifford, Sandi Patty, Kim Hill and Geoff Moore. Part of the royalties for the album will go to the McCaughey Family Multiple Birth Project, a fund to help other families in the U.S. with multiple births, administered by the Family University Foundation, in San Diego.

Bobbi and Kenny are trying to prepare for the day when Carter's no longer gives them baby clothes, and their two-year supply of free milk runs out. Although they don't have college tuition to save for—scholarships have been promised by a Christian col- *(continued on page 188)*



Christmas at THE WHITE





In this exclusive excerpt from her upcoming book, the First Lady shows what goes into making Christmas merry at America's most famous home. By Hillary Rodham Clinton, with Cheryl Merser

HOUSE





Left, the South Portico. This page, clockwise from top: The tree arrives; a crane hoists a wreath; the First Lady admires the decorations; boxes of ornaments in the Grand Foyer; a workman hangs a wreath in the East Room



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INVITATION TO THE WHITE HOUSE BY HILLARY RODHAM CLINTON WITH CHERYL MERSER TO BE PUBLISHED
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"Choosing a decorating theme is the first thing I have to do every year—and it is a closely guarded state secret"

NOT LONG AFTER my husband's first inauguration, with the after-Christmas sales just winding down, chief usher Gary Walters and then–social secretary Ann Stock sat down with me to deliver some surprising news: It was already time to start planning for the next Christmas season.

When I was a child, my family waited until Christmas Eve to put up our tree, and we usually didn't finish decorating until late that night. At the White House, however, there are dozens of trees and thousands of visitors to prepare for. I learned I was expected to oversee all the preparations—from selecting the overall theme of the celebration to menus, decorations, parties and music that make it all come alive.

Every detail has to be carefully planned and executed, with the help of a supporting cast of staff and volunteers, in order to make all the visitors who walk into the White House (and the millions of others who make a "virtual visit" to *www.whitehouse.gov*) feel like they're at home—America's home.

Each First Family has made its unique mark on holidays at the White House. We've added to those traditions and started some of our own. The children from local schools who gather around Bill as he reads "A Visit From St. Nicholas" are following not only a family ritual (since we used to read Chelsea the same poem), but also a two-hundred-year-old tradition of filling the House with children during the holidays.

There are few events more special at the White House than the arrival of the official Christmas tree, carried up the back driveway on a horse-drawn cart and accompanied by the family donating it. Carrying on the tradition begun by Jacqueline Kennedy, we decorate the official tree in the Blue Room around one central theme, which we now also use for all the decorations throughout the House.

Choosing a theme is the first thing I have to do every year. It is a closely guarded state secret—never revealed to the press and public until the tree and House are fully decorated. In recent years, the White House has been transformed into various settings, including the *Nutcracker Suite*, which had special meaning for us because of the many times we watched Chelsea perform in this holiday favorite.

During the holiday season more than 150,000 people of all [illegible] the decorated White House. Many [illegible] tradition begun by Pat Nixon [illegible] tree illuminated by 2,700 lights [illegible] the skirt made in 1993 by quilters from [illegible] *1861*









Clockwise from top: The library; the State Dining Room; the First Couple, 1995; a festive menu; official Christmas cards from 1996 and 1998; a gala dinner in the Diplomatic Room







Dinner

Basil Shrimp and Roasted Tomatoes
Marinated Artichokes and Sweet Pepper Salad

Curry Orange Barbequed Rack of Lamb
Crispy Rice Cake
Bok Choy and Gingered Vegetables

Spinach, Endive, and Mâche Salad
Aged Stilton, Apple and Walnut Tart
Port Wine Dressing

Coffee Mousse Christmas Log
Caramel Sauce

AuBon Climat *Pinot Gris* "Reserve" 1997
Saintsbury *Pinot Noir* "Reserve" 1996
Phelps "Insrebe" 1996

The White House
December 19, 1998



Glass angels, fruit and painted balls festoon the living room's elegant tree. And everything else—lampshades, curtain rods, tabletops—is draped with garlands, hung with stockings, or decked with delicate Christmas balls.

A CHRISTMAS

RICHARD PAUL EVANS WROTE *THE CHR* AS AN EXPRESSION OF LOVE. THE SAM AND HIS WIFE RING IN THE HOLIDAY. P



STORY

TMAS BOX FOR HIS CHILDREN
AN BE SAID FOR THE WAY HE
DUCED BY KIMBERLIE A. WAUGH

Every night in December, the family gathers to read a story

A post-tree-trimming treat: peppermint ice cream

Making the gingerbread cookies is the kids' departmen



FOR THE EVANSES, CHRISTMAS IS
FRIENDS—VISITING AND EXCHANG



LL ABOUT FAMILY AND
G HEARTFELT GIFTS

Children and [illegible] magic, traditions passed from generation to generation, and the healing spirit that Christmas is all about. These themes are woven throughout Richard Paul Evans's best-selling novels, and they're the essence of the holidays for the Evans family of Salt Lake City: Richard, Keri, and their children Jenna (thirteen), Allyson (eleven), Abigail (four), McKenna (two), and Michael (eighteen months).

Richard's books—beginning with *The Christmas Box* trilogy (*The Christmas Box*, *Timepiece* and *The Letter*), and continuing through his latest novel, *The Looking Glass*—have inspired millions to reach out to those they love and to the world beyond. In 1994, Richard started The Christmas Box Foundation, dedicated to building shelters for abused children. (All royalties from his children's books, *The Christmas Candle* and *The Dance*, are donated to the foundation.) "Our society tries to make kids grow up too fast," says Richard. "That's wrong. To me one of the most poignant messages of Christmas is that we can all become children at heart."

At the Evanses' house, the festivities start just after Thanksgiving, when the family picks out holiday trees. After *The Christmas Box* was published, so many people gave the Evanses ornaments that they now put up two trees each year—one decorated country-style for the family room, the other Victorian-themed in keeping with the living room's more formal decor.

As one might expect, books play a big role in the Evanses' Christmas. A *(continued)*







In the dining room (left), evergreen garlands are draped over the chandelier and around the gold-framed mirror; another garland forms the centerpiece, with fruit and fresh flowers tucked in for color. A painted chest on the living-room coffee table (top right) overflows with ornaments covered in velvet and gold braid; the sideboard (center right) is dressed up for dessert with puddled tulle and a vase filled with red balls. And the kitchen, swagged with greenery, is redolent with the aroma of just-baked Christmas cookies





Plaid ribbons, knit stockings and a tree brimming with Santas and candy canes add to the family room's country look, while snowman goblets add a homey touch to the holiday table. In the living room, a miniature village evokes Victorian England

ON CHRISTMAS MORNING, "THERE'S NO RESISTING THE EXCITEMENT," RICHARD SAYS



(continued) collection of holiday stories is piled in a basket next to the family-room tree; every evening in December, the family reads one together. "The kids love rereading old favorites," says Keri, "and we wrap a new book every year to add to the collection."

Christmas Eve and Christmas Day are all about family and friends. Early afternoon on Christmas Eve is devoted to dropping by neighbors' houses with gifts of food, books or homemade holiday decorations. Afterward, the Evanses head to their favorite dairy for homemade scones and eggnog. Christmas Eve dinner is celebrated first at the home of Keri's parents, the Diseras, where her father fries smelt and fixes tortellini soup for a traditional Italian dinner. Then it's on to Richard's folks and a smorgasbord featuring Swedish meatballs and Pepparkakor cookies. After dessert, the extended family puts on a program of skits, stories and songs.

On Christmas morning, "the kids are up at four A.M.," says Richard. "We send them back to bed." But by six there's no resisting the excitement, and the festivities begin: First a reading of the Christmas story from the second chapter of Luke, then the descent on the gifts. Breakfast is at the Disera home; later, a simple dinner at the home of Keri's sister marks a warm end to a holiday full of love and magic—for children and parents alike. "I don't think I really 'got' Christmas until I had children," Richard says. "You can't give me anything better than to watch their joy." —*Janet Bailey*

Log on to lhj.com/features to try our new interactive Christmas tree decorator. Mix and match lights and ornament styles to create your favorite holiday look

PHOTOS, TRIA GIOVAN. RIBBON STILL, MICHELLE McCABE. DESIGNER, SUNDAY HENDRICKSON; STYLIST, SHANNON MOCK FOR BLACK GOOSE DESIGNS. THROUGHOUT THE HOUSE, UNLESS OTHERWISE SPECIFIED: ALL FABRICS FOR PIANO SCARF, PILLOWS, APRONS, TABLECLOTHS, OVERLAYS, NAPKINS, CHAIR CUSHIONS, WAVERLY; SEWN AND EMBROIDERED BY VIKING. BEESWAX CANDLES, PERIN-MOWEN. TAPERS, ILLUMINATIONS; RIBBON, OFFRAY; ORNAMENTS, CHRISTOPHER RADKO; TRAIN, ALLIED MODEL TRAINS; MARY ENGELBREIT MINIATURE BOXES, MICHEL & COMPANY. DETAILS, PAGE 189.



















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[illegible] Brita Products Company

food journal



Salmon and Caviar Crêpes



Pâté in Savory Puffs

Oysters in Gruyère Sauce



MERRYMAKINGS

Give your gathering a great beginning by serving up these three easy **PARTY STARTERS**, and top it off in style with a **CHAMPAGNE** toast—you'll love our trio of trendy cocktails. **GIFTS FROM THE KITCHEN** help say thanks to a holiday host, and our collection of the world's best **CHRISTMAS COOKIES** fills those tins with the yummiest treats. Cook up our quick and easy **OFF THE SHELF** meals to reduce the holiday frazzle factor, and take a break with a slice of the **PERFECT COFFEE CAKE**

PARTY STARTERS

PÂTÉ IN SAVORY PUFFS

Need an easy party nibbler? Take advantage of pâté: there are lots of great varieties at the supermarket.

Prep time: 40 minutes. **Baking time:** 30 to 33 minutes
EASY

- 3/4 cup water
- 5 tablespoons butter
- 1/4 teaspoon salt
- 3/4 cups all-purpose flour
- 3 large eggs
- 1/3 pound duck, goose or vegetable pâté*
- 3 tablespoons red currant jelly, melted
- 1 teaspoon balsamic vinegar

1. Heat oven to 400°F. Line a large cookie sheet with parchment paper.
2. Bring water, butter and salt to a boil in saucepan; reduce heat and add flour all at once. Stir until dough pulls away from side of pan. Stir 1 to 2 minutes more, to dry. Transfer to a food processor. Add eggs, one at a time, pulsing until blended. Drop 3 dozen balls of dough 1 inch apart onto sheet. Bake 30 to 33 minutes, until puffs are golden; turn oven off and let stand in oven 5 minutes. Cool on wire racks.
3. Cut a slit in each puff; fill with 1 level teaspoon of pâté. Combine jelly with vinegar and dot over puffs. Makes 3 dozen.

*AVAILABLE FROM D'ARTAGNAN, 800-327-8246

PER PUFF: 45 calories, 2 g total fat, 1 g saturated fat, 24 mg cholesterol, 5 mg sodium, 5 g carbohydrates, 1 g protein, 5 mg calcium, 0 g fiber

SALMON AND CAVIAR CRÊPES

Indulgent But Worth It

Now's the time to splurge on caviar! Whip up a batch of crêpes (they are easy and can be done ahead), fill with smoked salmon and dill, and you'll wow the crowd.

Total prep time: 35 minutes
EASY

- 1/2 cup water
- 1/2 cup milk
- 1 teaspoon butter
- 1/4 teaspoon salt
- 3/4 cup all-purpose flour
- 1/2 cup crème fraîche
- 1/4 pound thinly sliced Nova salmon, cut crosswise into 1/2-inch strips
- 3 tablespoons chopped dill
- 1 jar (1 oz.) caviar, such as osetra

1. Process water, milk, butter and salt in food processor; add flour and process until smooth. Transfer to glass measure.
2. Coat a 7-inch nonstick skillet with cooking spray; heat over medium-high heat. Fill a 1/4-cup measure halfway with batter; add to pan, tilting to cover bottom. Cook 1 minute; loosen edge and turn out onto plate (crêpe should be just lightly colored). Repeat, making 11 more crêpes, stacking on plate.
3. Spread 1 rounded teaspoon crème fraîche down center of one crêpe. Top with 2 strips salmon and 1/4 teaspoon *each* dill and caviar. Fold in sides and roll up. Cut on diagonal in half. Repeat. *(Can be made ahead. Cover; refrigerate up to 1 hour.)* Makes 24 pieces.

PER PIECE: 45 calories, 2.5 g total fat, 1.5 g saturated fat, 13 mg cholesterol, 144 mg sodium, 3 g carbohydrates, 2 g protein, 17 mg calcium, 0 g fiber

BAKING'S A BREEZE

Grease and flour cake pans and cookie sheets the easy way: Whisk together 1/2 cup <u>each</u> vegetable shortening, vegetable oil and all-purpose flour in bowl, until smooth. Spread a small amount onto pan or cookie sheet with paper towels. You can refrigerate in an airtight container up to 6 months.



OYSTERS IN GRUYÈRE SAUCE

This starter is a fabulous addition to your pre-millennium party meal. These oysters couldn't be more scrumptious, broiled on the half shell with cream, Gruyère cheese and a splash of anise-flavored liqueur.

Prep time: 15 minutes. **Broiling time:** 4 to 6 minutes
EASY

- 24 oysters on the half shell
- 1 teaspoon cornstarch
- 3/4 cup heavy or whipping cream
- 1 tablespoon unsalted butter (no substitutes)
- 1/2 cup plus 1/3 cup coarsely shredded Gruyère or Swiss cheese
- 1 tablespoon Pernod (anise-flavored liqueur)
- Fresh chervil or parsley sprigs, for garnish

1. Heat broiler. Arrange oysters on large broiler pan.
2. Whisk cornstarch into cream in small saucepan. Add butter and bring to boil, whisking; boil 1 minute. Remove from heat, stir in 1/2 cup cheese and Pernod until cheese melts.
3. Divide and spoon sauce over oysters; top evenly with remaining 1/3 cup cheese. Broil oysters 4 inches from heat 4 to 6 minutes, until golden. Transfer to serving plates. Garnish with chervil, if desired. Serve immediately. Makes 8 servings.

PER SERVING: 175 calories, 14.5 g total fat, 8.5 g saturated fat, 71 mg cholesterol, 178 mg sodium, 3 g carbohydrates, 7 g protein, 153 mg calcium, 0 g fiber ■

Recipes by Cynthia DePersio

Have a very cherry Christmas.

Fluffy 2-Step Cherry Cheesecake

Prep: 10 minutes plus refrigerating

2 pkg. (8 oz. each) PHILADELPHIA® Cream Cheese, softened
1/3 cup sugar
1 tub (8 oz.) COOL WHIP® Whipped Topping, thawed
1 ready-to-use graham cracker crumb crust (6 oz. or 9 in.)
1 cup cherry pie filling

MIX PHILADELPHIA Cream Cheese and sugar with electric mixer until well blended. Gently stir in COOL WHIP Whipped Topping.

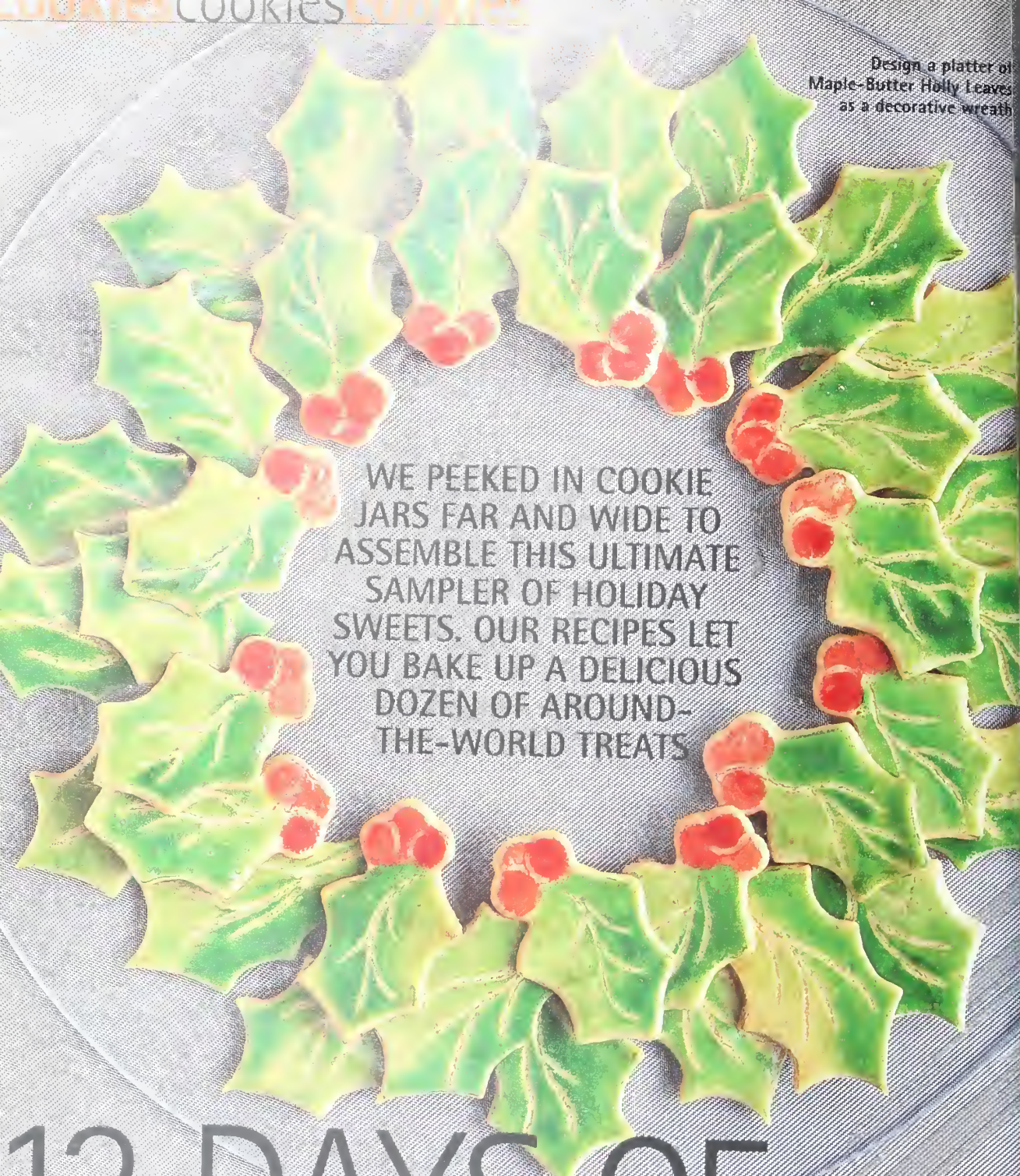
SPOON into crust. Refrigerate 3 hours or overnight. Top with cherry pie filling. Makes 8 servings.

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Design a platter of Maple-Butter Holly Leaves as a decorative wreath

WE PEEKED IN COOKIE JARS FAR AND WIDE TO ASSEMBLE THIS ULTIMATE SAMPLER OF HOLIDAY SWEETS. OUR RECIPES LET YOU BAKE UP A DELICIOUS DOZEN OF AROUND-THE-WORLD TREATS

12 DAYS OF COOKIES



Pretty Almond Pears and a stack of colorful Shortbread Cookies are packed and ready to give



The table's set with buttery Rugelach, Raspberry Jam Sandwich Cookies and Chocolate-Chip Drops when friends and family come to call



Brownie-like Chocolate-Walnut Meringue Bars and buttery Vanilla Wreaths are sure to bring lots of holiday cheer



Elegant choices include chocolate-dipped Macaroons and Festive Fortune Cookies, and Fruit-Filled Biscotti with candied cherries



A carousel of goodies from 'round the world awaits you! You can bake a batch of all-American Chocolate-Chip Drops with the kids, try something new like fancy Macaroons or Festive Fortune Cookies, or send off a gift box of crisp Fruit-Filled Biscotti to a faraway friend

RASPBERRY JAM SANDWICH COOKIES (GERMANY)

These melt-in-your-mouth sandwiches with raspberry jam make the most of the rich flavor of hazelnuts.

Prep time: 45 minutes plus chilling and decorating
Baking time: 8 to 10 minutes per batch
MODERATE
Freeze: up to 1 month

¾ cup toasted, skinned hazelnuts
12 tablespoons granulated sugar, divided
1 cup butter (no substitutes), softened
1 large egg yolk
1 teaspoon vanilla extract
½ teaspoon cinnamon
2½ cups all-purpose flour
1 cup plus 2 tablespoons raspberry jam
Decorative icing (page 169)
Confectioners' sugar

Process nuts and 2 tablespoons granulated sugar in food processor until finely ground.

2. Beat remaining 10 tablespoons sugar and butter in mixer bowl until light and fluffy. Beat in egg yolk, vanilla and cinnamon. At low speed, beat in nut mixture and flour until blended.

3. Gather dough into a ball; divide into four equal pieces. Roll each piece between 2 sheets of waxed paper ⅛ inch thick. Refrigerate 30 minutes, until firm. Uncover one piece of dough and cut out with a 3- or 4-inch tree-shaped cookie cutter. Transfer cutouts with spatula to prepared cookie sheets. With ¾-inch round pastry tip or a drinking straw, carve out three circles from half the cutouts. Remove circles and reserve scraps. (If cutouts become too soft, refrigerate for a few minutes, until firm.) Bake 8 to 10 minutes, until pale golden. Cool. Repeat with remaining dough.

4. Spread ½ teaspoon jam on top of each cookie without holes; top each with cookies with holes. Decorate as desired, then dust with confectioners' sugar. Makes 3½ dozen cookies.

PER COOKIE: 101 calories, 6 g total fat, 3 g saturated fat, 17 mg cholesterol, 50 mg sodium, 27 g carbohydrates, 1 g protein, 13 mg calcium, 0 g fiber

PEPPARKAKOR (SWEDEN)

Food Editor's Favorite

It wouldn't be Christmas without a tray of these classic spice cookies. Tip: If the dough becomes too soft to transfer the cutouts to a cookie sheet, freeze 5 minutes, until firm.

Prep time: 1 hour plus chilling and decorating
Baking time: 8 to 10 minutes per batch
EASY
Freeze: up to 1 month

3 cups all-purpose flour
2 teaspoons baking soda
2 teaspoons cinnamon
½ teaspoon ginger
½ teaspoon cardamom
1 cup butter (no substitutes), softened
1½ cups sugar
1 large egg
2 teaspoons grated orange peel
2 tablespoons dark molasses
Decorative icing (page 169)
Pearl dust powder* and crystallized sugar (optional)

1. Combine flour, baking soda, cinnamon, ginger and cardamom in bowl. Beat butter and sugar in large mixer bowl. Beat in egg, orange peel and molasses. At low speed, beat in dry ingredients until blended. Shape dough into a ball; divide into quarters, then flatten into disks. Wrap and refrigerate 4 hours or overnight.

2. Heat oven to 350°F. Let dough stand at room temperature 15 minutes. On lightly floured surface with floured rolling pin, roll 1 disk ⅛ inch thick. Cut out with 3-inch snowflake- or star-shaped cookie cutter. Arrange cutouts ½ inch apart on 2 large ungreased cookie sheets. Bake 8 to 10 minutes, until set. Cool on wire racks. Repeat with remaining dough. Decorate as desired. Makes 5 dozen cookies.

**Pearl-dusted cookies: Combine ¼ teaspoon pearl dust powder and 1 to 2 teaspoons lemon or almond extract until spreadable. Brush on cooled cookies; let dry. Repeat if necessary.*

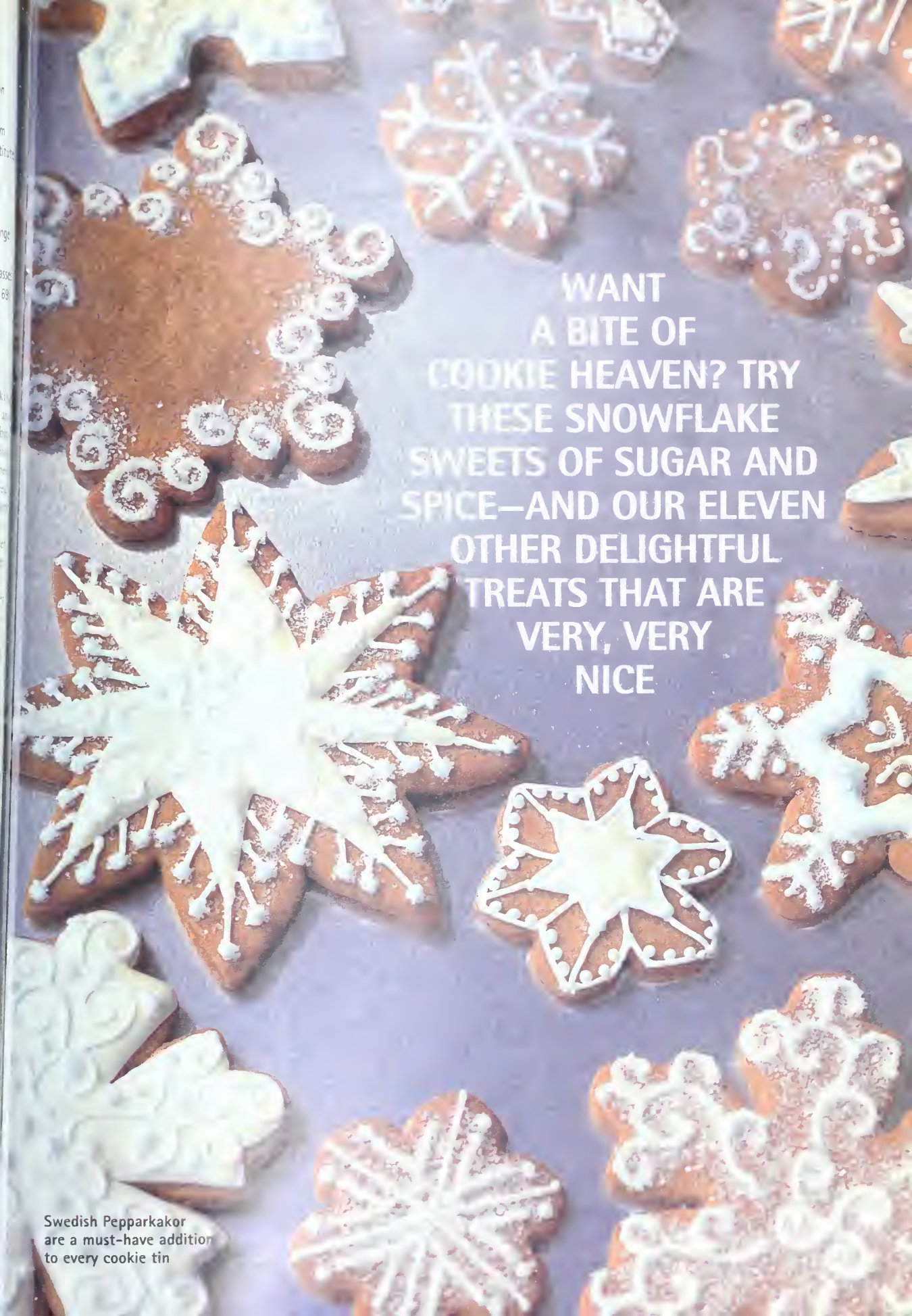
*AVAILABLE FROM NEW YORK CAKE & BAKING, 800-942-2539

PER COOKIE: 105 calories, 3 g total fat, 2 g saturated fat, 12 mg cholesterol, 76 mg sodium, 18 g carbohydrates, 1 g protein, 13 mg calcium, 0 g fiber

MACAROONS (FRANCE)

Fancy cookies are a specialty in France, where these unusual almond buttercream-filled sandwiches are a favorite.

(continued)



WANT A BITE OF COOKIE HEAVEN? TRY THESE SNOWFLAKE SWEETS OF SUGAR AND SPICE—AND OUR ELEVEN OTHER DELIGHTFUL TREATS THAT ARE VERY, VERY NICE

Swedish Pepparkakor are a must-have addition to every cookie tin

12 DAYS OF COOKIES

(Continued)

Prep time: 55 minutes plus decorating and standing
Baking time: 5 to 7 minutes per batch
MODERATE

1 cup whole blanched almonds
2 tablespoons brown sugar
1¾ cups confectioners' sugar, divided
¾ teaspoon vanilla, divided
⅛ teaspoon almond extract
3 large egg whites
¼ teaspoon cream of tartar
⅛ teaspoon green paste food color
¼ cup butter (no substitutes), softened
3 ounces semisweet chocolate squares, melted and cooled

1. Place oven rack in center of oven. Heat oven to 450°F. Line three large cookie sheets with foil; grease foil.
2. Process almonds, brown sugar and ¼ cup confectioners' sugar in food processor until almonds are ground to a powder. Sift almond sugar powder through a coarse sieve into a large bowl, pressing with a wooden spoon to sift as much nut mixture through the sieve as possible. (If there are any almond pieces in sieve, set aside in bowl for buttercream.) Sift ¼ cup [illegible] almond powder [illegible] Add ¼ cup almond [illegible] almond pieces in [illegible]
3. [illegible] vanilla and the almond [illegible] cup; set aside. Beat egg whites in large bowl of a heavy duty [illegible] mixer on low speed until foamy. Add cream of tartar. Beat at medium-high speed until stiff. Gradually beat in remaining ¼ cup confectioners' sugar. Add food color and vanilla almond extract mixture; beat until stiff, scraping bowl once with a rubber spatula.
4. Fold egg whites into almond mixture until mixture looks shiny. Spoon into a large pastry bag fitted with a ½ inch round tip. Pipe 1 inch rounds 1½ inches apart onto prepared cookie sheet. Dip fingertips into water and press rounds to smooth any peaks. Bake 1 minute. Reduce oven temperature to 375°F. Open oven door and leave door slightly ajar. Bake cookies 4 to 6 minutes more until they're firm and look dry. Slide foil onto wire rack to cool completely. Repeat with remaining almond mixture, increasing the oven temperature to 450°F., then reducing the oven temperature after one minute to 375°F. as directed before baking each batch.
5. Slide a small, thin spatula under cookies to loosen from foil. Beat butter in mixer bowl until light and fluffy. Beat in remaining vanilla and reserved ¼ cup almond mixture until blended. (*Cookies may be made ahead. Freeze buttercream and store macaroons at room temperature in two airtight containers up to 2 weeks. Thaw buttercream in refrigerator overnight before using.*)
6. Line a cookie sheet with waxed paper. Spread buttercream on flat side of half of cookies. Top with remaining cookies. Dip half of each cookie into melted chocolate; transfer to prepared sheet. Let stand 30 minutes, until chocolate is set. Makes 2 dozen cookies.

PER COOKIE: 115 calories, 6.5 g total fat, 2 g saturated fat, 5 mg cholesterol, 28 mg sodium, 13 g carbohydrate, 2 g protein, 18 mg calcium, 1 g fiber

CHOCOLATE-WALNUT MERINGUE BARS (RUSSIA)

This bar cookie has a buttery shortbread base, a thin layer of currant jelly and fudgy chocolate-nut meringue topping.

Prep time: 1 hour plus chilling
Baking time: 38 minutes
EASY
Freeze: up to 1 month

Crust
1½ cups all-purpose flour
¾ cup butter, softened



cup confectioners' sugar

To ng
cup granulated sugar
2 cups walnut halves
arge egg whites
teaspoon salt
cup currant jelly
ounces semisweet chocolate squares, melted and cooled
ounce unsweetened chocolate square, melted and cooled
nfectioners' sugar

lake crust: Heat oven to 350°F. Line 1 -inch baking pan with foil. Beat flour er and confectioners' sugar in large r bowl until mixture begins to form a gh (mixture will be crumbly). Pat gh into bottom of prepared pan. Bake nutes, until golden brown. Cool.

lake topping: Measure granulated sugar, sfer 1 tablespoon to a food processor remaining sugar aside. Process walnuts the sugar until ground; transfer to a e bowl. Set aside ¼ cup nut mixture.

Beat egg whites in mixer bowl until ny; add salt and beat to soft peaks. dually beat in remaining granulated r until mixture is stiff.

Spread jelly over crust, leaving a -inch der. Fold beaten whites and melted colates into walnut mixture just until

Blended[illegible] Spread top [illegible] Bake [illegible] until [illegible] and [illegible] cool [illegible] Beat [illegible] with [illegible] Spread [illegible] Cut into [illegible] Makes [illegible]

PER COOKIE

MAPLE BUTTER HOLLY LEAVES (CANADA)

These maple sugar cookies are decorated with a toolproof baked-on glaze that won't smudge, making them perfect for mailing.

Prep time: 45 minutes plus chilling and decorating
Baking time: 10 to 12 minutes per batch
EASY
Freeze: up to 1 month

1 ¼ cups butter (no substitutes), softened
¾ cup granulated sugar
½ cup maple sugar*
1 large egg
2 teaspoons vanilla extract
3 cups all-purpose flour

Egg paint
1 large egg
Red and green paste food color

1 [illegible] cookie sheets. Beat [illegible] and [illegible] in large mixer bowl until light and [illegible] Beat in flour [illegible] Gather dough into a ball and [illegible] pieces. Between 2 sheets of waxed paper, roll each piece [illegible] thick [illegible] and [illegible]

[illegible] Beat egg with a fork in a [illegible] Pour half the beaten egg into another [illegible] Tint [illegible] egg red and the other half green.

2. Uncover one piece of dough and cut out with 3-inch leaf-shaped cookie cutter. Transfer cutouts 1 inch apart onto prepared cookie sheets. Brush cookies lightly with red and green egg paint, making sure it doesn't spill over edges. Refrigerate 30 minutes. Heat oven to 350°F. Brush cutouts again with egg paint. With a toothpick, trace lines to resemble veins of a leaf. Bake 10 to 12 minutes, until golden brown. Cool on wire racks. Repeat with remaining dough. Makes 5½ dozen.

*[illegible]

PER COOKIE: [illegible] *(continued)*



FORTUNE COOKIES

Here's a festive way to send a witty, warm—or very personal—message.

Prep time: 1 hour 15 minutes plus decorating
Baking time: 4 to 5 minutes per batch
CHALLENGING

2 large egg whites, at room temperature
½ cup superfine sugar
½ cup all-purpose flour
1 tablespoon butter (no substitutes)
¼ teaspoon salt
½ teaspoon vanilla extract
¼ teaspoon almond extract
Red and green construction paper
Silver and gold felt-tip pens (non-glitter)
3 ounces semisweet chocolate squares, melted and cooled
3 ounces white chocolate squares, melted and cooled
White nonpareils* or tiny silver dragees** (optional)

1. Grease 2 large nonstick cookie sheets. Vigorously whisk egg whites, sugar, flour, butter, salt, vanilla extract and almond extract in medium bowl until smooth. Let stand 10 minutes.
2. Meanwhile, heat oven to 400°F. Cut paper into twenty-four 3x½-inch strips. Write fortunes on strips with pens.
3. To bake 2 cookies per sheet: Dip the rim of a 3-inch-wide glass into the batter. Gently press the glass onto a prepared cookie sheet to mark a circle onto the sheet. Repeat, tracing another circle 5 inches apart. Spoon 1 heaping teaspoonful of batter into the center of each circle. Fill each circle with batter, spreading batter evenly with back of spoon to fill the circle (photo A, right). Repeat process with second cookie sheet. Bake one cookie sheet at a time, 4 to 5 minutes, until cookies are browned at edges. (If they brown unevenly, that's okay.)
4. Transfer cookie sheet to a rack. Working very quickly, remove one cookie with a thin, flexible metal spatula, and place bottom side up on work surface. Place a fortune on the cookie in the center of the cookie so the paper extends from only one side. Fold cookie in half and place the folded edge down on the rim of a glass measure (photo B). Press the ends down, holding the cookie in place for about 10 seconds, until it starts to harden. Repeat with the second cookie. (If it becomes too hard to shape, return to oven for a few seconds to soften.) Cool on wire rack. (If you're not planning batter, cleaning, drying and greasing cookie sheets between each batch.
5. Dip the ends of cookie halves with fortunes in melted semisweet chocolate, white chocolate, then dip in white nonpareils. Transfer to wire racks. Repeat. Let cookies stand 1 hour until set. Makes about 2 dozen cookies.



A. To bake: Dip the top edge of a glass into cookie batter, then gently press it onto cookie sheet. Spoon 1 teaspoon of batter into the center of each circle, then evenly spread with back of spoon to fill



B. To shape: Working quickly, after placing a fortune in center of cookie, press ends down over the rim of a glass measure

* SEE SPECIAL OFFER, PAGE 169

** AVAILABLE THROUGH SWEET CELEBRATIONS, 800-328-6722. (NOTE: WHILE TINY SILVER DRAGEES ARE NOT TOXIC, *LADIES' HOME JOURNAL* RECOMMENDS USING THEM FOR DECORATIVE PURPOSES ONLY.)

PER COOKIE: 75 calories, 3 g total fat, 2 g saturated fat, 1 mg cholesterol, 41 mg sodium, 12 g carbohydrates, 1 g protein, 4 mg calcium, 0 g fiber

(continued)

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JELL-O Holiday
To get in on the fun, just use
utters or see opposite page to
cutters. See package for recipe
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[illegible]

These [illegible] shape and bake cookies are a wonderful addition to your collection of holiday recipes. The recipe comes from *Ladies' Home Journal*'s Cookbook Contributing Editor Kelly Stamopoulos, whose mother, Mary, taught her the fine art of Greek pastries.

Prep time: 1 hour plus standing
Baking time: 20 to 22 minutes
MODERATE
Freeze: up to 1 month

Dough
- 2 cups whole blanched almonds
- ¾ cup confectioners' sugar
- 2 large egg whites
- ¾ teaspoon lemon peel
- 2 drops almond extract

Filling
- 6 dried calimyrna figs (4 oz.), stems removed
- 1 tablespoon honey
- 1 teaspoon orange juice
- ½ teaspoon cinnamon
- 1 drop almond extract

- 2 tablespoons granulated sugar
- Softened butter
- 36 whole cloves

Marzipan leaves (optional)
- ¼ cup almond paste
- Green paste food color

1. *Make dough:* Process almonds and confectioners' sugar in food processor until almonds are ground. Add egg whites, lemon peel and almond extract; process until mixture forms a ball. Transfer to a bowl.
2. *Make filling:* Pulse figs in a food processor until finely chopped; add remaining ingredients and pulse until blended. Transfer to another bowl. Cover dough and filling and let stand 15 minutes.
3. Meanwhile, heat oven to 325°F. Grease 2 large cookie sheets. Spread granulated sugar on a plate. For each pear cookie, coat hands with about 1 teaspoon softened butter. Roll dough into 1-inch ball[s] in palm of hand and press in cent[er] make an indentation. Spoon ½ te[a]spo[on] filling into indentation and press [dough] around filling to cover. Re-roll [dough] into a ball and shape into a pear. I[nsert] clove rounded side down into t[op] make stem. Roll pear in granulated [sugar]. Place stem side up 2 inches apart o[n] pared cookie sheets. Repeat with re[main]ing dough and filling.
4. Bake 15 minutes. Lay a sheet [of] loosely over cookies and bake 5 to 7 [min]utes more until golden. Cool on wire [racks]. Transfer to an airtight container a[nd] stand overnight. Makes 3 dozen cooki[es].
5. *For marzipan leaves:* Tint almond [paste] with food color. Roll ⅛ inch thick; [cut] into 1½-inch leaves. Attach one leaf to [each] cookie, if desired.

PER COOKIE: 75 calories, 5 g total fat, .5 g saturat[ed] 1 mg cholesterol, 9 mg sodium, 7 g carbohydrat[e] protein, 26 mg calcium, 1 g fiber

FRUIT-FILLED BISCOTTI (ITALY)

These twice-baked treats are chock[-full] of candied fruit and nuts and flavo[red] Italian-style with lemon and anise.

Prep time: 45 minutes plus freezing an[d] standing
Baking time: 50 minutes
EASY
Freeze: up to 1 month

- 1¾ cups all-purpose flour
- ½ teaspoon salt
- ¼ teaspoon baking powder
- ½ cup butter or margarine, softened
- 1½ cups sugar
- 2 teaspoons grated lemon peel
- 2 teaspoons vanilla extract
- ½ teaspoon anise seeds, finely chopped
- 4 large eggs
- 1 cup sliced natural almonds
- ½ cup red candied cherries, chopped
- ½ cup candied pineapple, diced
- ½ cup dried cranberries, chopped
- ½ cup shelled unsalted pistachios, choppe[d]
- ⅓ cup diced candied orange peel, choppe[d]

1. Heat oven to 350°F. Line two 9-inc[h] square baking pans with foil. *(continued)*

LADIES' HOME JOURNAL online

Indulge in these favorites created by the pros in the Ladies' Home Journal Kitchen. Log on to www.lhj.com/kitchen for new recipes, including Corn and Lobster Chowder, Vegetable Soup and Chocolate-Almond Torte with [illegible].

Also on our site, you can register to receive the free LHJ RecipE-mail, a delicious, doable recipe sent to you daily via E-mail direct from our kitchens. Sign up now, and you'll be in time to receive these recipes: New England Boiled Dinner, Hearty Turkey and Mushroom Casserole, Orange-Avocado Salad and The Best Apple Pie.



A celebration this good comes along once in a thousand years.

Sparkling Dessert

Prep: 15 minutes
Refrigerate: 3 3/4 hours

- 1 1/2 cups boiling water
- 2 pkgs. (3 oz. each) JELL-O Brand Sparkling White Grape Flavor Gelatin
- 2 1/2 cups cold club soda
- 1 cup sliced strawberries

STIR boiling water into gelatin in large bowl at least 2 minutes until completely dissolved. Refrigerate 15 minutes. Gently stir in club soda. Refrigerate 25 minutes or until slightly thickened. SET aside 3/4 cup gelatin in medium bowl. Gently stir strawberries into remaining gelatin. Spoon into glasses. Beat reserved gelatin on high speed until double in volume. Spoon over gelatin in glasses. Cover. REFRIGERATE 3 hours or until firm. Makes 8 to 10 servings.

Note: To prepare with champagne, use 1 cup cold champagne and 1 1/2 cups cold club soda.



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[illegible]

Prep time: 30 minutes plus standing and decorating
Baking time: 10 to 12 minutes per batch
MODERATE
Freeze: up to 1 month

2 1/3 cups all-purpose flour
1/2 teaspoon baking powder
1/4 teaspoon salt
1 large vanilla bean or 2 teaspoons vanilla extract
1 cup butter (no substitutes), softened
3/4 cup granulated sugar
1 large egg
2 cups confectioners' sugar
4 to 5 tablespoons hot water
Decorative icing (page 169)

1. Heat oven to 350°F. Combine flour, baking powder and salt in a bowl. Cut vanilla bean in half lengthwise, then crosswise. Scrape out seeds from the bean. (Vanilla bean can be placed in sugar to make vanilla sugar.)
2. Beat butter, sugar and vanilla seeds (or vanilla extract, if using) in large mixer bowl until light and fluffy. Beat in egg. Al[illegible] speed, beat in flour mixture until blen[illegible] Spoon dough into a large pastry bag ted[illegible] with a 1/2-inch star tip. Pipe dough in[illegible] 2 1/2-inch-wide circles 1 inch apart on un[illegible] greased cookie sheets. Bake 10 to 12 mi[illegible] utes, until cookies are browned at edge[illegible]
3. Meanwhile, whisk confectioners' s[illegible] and enough hot water to make a thin gl[illegible] Transfer cookies to wire rack set ov[illegible] piece of waxed paper. Immediately bru[illegible] hot cookies with glaze. Let stand 30 mi[illegible] utes, until glaze sets. Decorate as des[illegible] Makes about 2 dozen.

PER COOKIE: 220 calories, 7 g total fat, 4 g saturated [illegible] 25 mg cholesterol, 102 mg sodium, 39 g carbohydrates [illegible] g protein, 18 mg calcium, 0 g fiber

SHORTBREAD COOKIES (ENGLAND)

Add these colorful shortbread squa[illegible] to your cookie collection this season.

Prep time: 20 minutes plus chilling and decorating
Baking time: 28 to 30 minutes
EASY
Freeze: up to 2 weeks

1 cup unsalted butter (no substitutes), softened
1/4 cup confectioners' sugar
1/4 cup granulated sugar



2¹ ups all-purpose flour

Ba -on Icing
cup butter (no substitutes), softened
cup all-purpose flour
cup confectioners' sugar
, green, blue, yellow and brown
paste food colors

eat oven to 300°F. Beat butter and
m large mixer bowl. At low speed,
n flour until combined.
ither dough into a ball and divide in
On lightly floured surface with
ed rolling pin, roll one half into a
ch square, ⅜ inch thick. Trim edges
uare. With a small, sharp knife, lightly
nine 2¼-inch squares. Press center of
square with a 2-inch cookie stamp*
into squares and transfer to an un-
ed cookie sheet. Repeat with remain-
lough. Refrigerate 20 minutes.
Jake Baked-on Icing: Beat butter, flour
sugar in a small mixer bowl until
oth. Divide icing into 5 bowls, tint
icing with red, green, blue, yellow
rown food color. Transfer to 5 pastry
, each fitted with #2 round tip. Deco
cookies as desired.
Bake 28 to 30 minutes or until pale
den. Cool on wire racks. Makes
dozen cookies.

SPECIAL OFFER, PAGE 169

ONE SMART COOKIE

FOR FOOLPROOF COOKIES, HERE'S WHAT YOU NEED TO KNOW:

BET ON BUTTER
Start with the right stuff. Use only butter or margarine that comes in sticks; don't use whipped, reduced-fat or tub products. Read the label to be sure the butter or margarine contains at least 80 percent fat; any less means there's a higher percentage of water, which is not recommended for baking. Printed measurements on sticks of butter make measuring easy and convenient.

To prevent cookies from spreading, the butter must be properly softened (not at room temperature, contrary to popular belief). To soften butter, remove butter from the refrigerator and place an unwrapped stick between two sheets of waxed paper. With a rolling pin give each side of the butter a few whacks to make it pliable, but not too soft.

ROLLING IN DOUGH
Does your dough keep sticking to the rolling pin? The dough may be too soft. Dough for rolled-out cookies must be refrigerated at least two hours, until firm. (If the dough has been refrigerated overnight, it may be too stiff for rolling, so let it stand at room temperature 10 minutes.) Rub flour evenly onto rolling-pin cover and pastry cloth for easy handling.

PER COOKIE:

CHOCOLATE-CHIP DROPS (U.S.A.)

How to improve on the classic? Give it a holiday twist! There are three kinds of chocolate in these fudgy morsels, plus toasted pecans and sweet dried cherries.

Prep time: 35 minutes plus decorating
Baking time: 10 to 12 minutes per batch
EASY
Freeze: up to 1 month

(continued)

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Our Best Sausage Cheese Balls Ever

You haven't had great sausage cheese balls until you've made 'em with Jimmy Dean. Made with only whole ground spices, it's our most flavorful, best-tasting sausage ever!

Only the best. That's the Jimmy Dean way.

Jimmy Da

Sausage Chees

2 lbs. (32 oz.) Jimmy Dea
uncooked
1½ cups all-purpose bak
biscuit mix
16 oz. Sharp Cheddar che
(or 4 cups shredded)
½ cup finely chopped on
½ cup finely chopped cel
½ teaspoon garlic powde

Preheat oven to 375°. Shre
and mix all ingredients. F
1" balls. Bake 15 minutes
ungreased cookie sheet un
brown. Makes about 6 do
Sausage cheese balls can b
uncooked.

For a firmer texture, add a
3 cups of baking/biscuit m
an extra 2 cups shredded c
to the ingredients listed ab

Jimmy Dean
REGULAR

12 DAYS OF COOKIES

Continued

2¼ cups all-purpose flour
1 teaspoon baking soda
½ teaspoon salt
½ cup butter or margarine, softened
½ cup vegetable shortening
¾ cup granulated sugar
¾ cup firmly packed brown sugar
1 tablespoon vanilla extract
3 ounces unsweetened chocolate squares, melted and cooled
2 large eggs
1 cup white chocolate chips
1 cup semisweet chocolate chunks
1 cup pecan halves, toasted and chopped
½ cup dried tart cherries, chopped

Chocolate Drizzle
½ cup white-chocolate chips, melted
2 ounces semisweet chocolate chips, melted

1. Heat oven to 375°F. Combine flour, baking soda and salt in bowl. Beat butter, shortening, sugars and vanilla in large mixer bowl. Beat in unsweetened chocolate. Add eggs one at a time, beating well after each addition. Beat in flour mixture until blended. Stir in remaining ingredients. Drop dough by tablespoonfuls 2" apart onto 2 ungreased cookie sheets. Bake 10 to 12 minutes, until firm. Cool on wire racks. Repeat with remaining dough.
2. *Make Chocolate Drizzle:* Pour melted white chocolate into a heavy duty plastic storage bag. Pour melted semisweet chocolate into another heavy-duty plastic storage bag. Cut a very small hole in one corner of each bag. Drizzle or dot chocolates over tops of cookies. Let stand 1 hour, until set. Makes about 5½ dozen cookies.

PER COOKIE: [illegible] calories, 7.5 g total fat, 3.5 g saturated fat, [illegible] cholesterol, 10 mg sodium, 15 g carbohydrates, [illegible] g protein, [illegible] mg calcium, [illegible] g fiber

RUGELACH (ISRAEL)

Have you always wanted to make these crescent shaped cinnamon nut cookies? Now's the time! The addition of yeast makes this dough easier to handle than the cream-cheese version.

Prep time: 1 hour 15 minutes plus chilling
Baking time: 18 to 20 minutes per batch
MODERATE
Freeze: up to 2 weeks

Dough
1 package active dry yeast
2 tablespoons granulated sugar
½ cup warm water (105°F. to 115°F.)
3 cups all-purpose flour
½ teaspoon salt
3 large egg yolks
½ cup heavy or whipping cream
1 teaspoon vanilla extract
1 cup butter or margarine, softened

Filling
1 cup pecans or walnuts, chopped
½ cup raisins
½ cup chopped tart dried cherries or cranberries
¼ cup firmly packed brown sugar
¾ cup granulated sugar
4 teaspoons cinnamon
½ cup apricot preserves

½ cup crystallized sugar (optional)

1. *Make dough:* Dissolve yeast, granulated sugar and water in bowl. Combine flour and salt in large mixer bowl of a heavy-duty mixer. Beat in yeast mixture, egg yolks, cream and vanilla. Beat in butter, 2 tablespoons at a time, until blended. Gather dough into a ball; divide into 8 equal pieces. Shape each piece into a ball; wrap and refrigerate 4 hours or overnight.
2. *Make filling:* Combine pecans, raisins, cherries and brown sugar in a medium bowl. Combine granulated sugar and cinnamon in a small bowl.

oven to 350°F. Line two cookie
ith foil; grease foil. Sprinkle 1 ta
n cinnamon-sugar on work sur-
oll one ball of dough into an
circle, turning circle over a few
coat both sides with cinnamon
pread top of circle with 1 table
apricot preserves, then sprinkle
aping ¼ cup nut filling, leaving a
border around the edge. Sprinkle
teaspoon cinnamon-sugar. Cut
nto 8 wedges; roll wedges up from
dge. Transfer onto prepared cook
t, 1 inch apart, curving rolled
into crescent shapes. Sprinkle tops
ystallized sugar, if desired. Repeat.
18 to 20 minutes, until lightly
ed. Cool on wire racks. Makes
kies.

OKIE: 95 calories, 5 g total fat, 2.5 g saturated
g cholesterol, 50 mg sodium, 0 g carbohydrate
in, 8 mg calcium, 12 g fiber

IRATIVE ICING

rep time: 10 minutes

(1 lb.) confectioners' sugar
espoons meringue powder*
tablespoons cold water
ed paste food colors (optional)

LHJ HOLIDAY EXCLUSIVE OFFER

To help you make beautiful Pepparkakor (Sweden (page 158), we assembled a package of nine tin plated star and snowflake cookie cutters in unique shapes from creative cookie cutter makers across the country. We also added a tin tree shaped cookie cutter for the Raspberry Jam Sandwich Cookies from Germany (page 158) and a holly leaf shaped cookie cutter for the Maple Butter Holly Leaves from Canada (page 161). This set of eleven Holiday Cookie Cutters sells for $37.95.

To create the impressions on the Shortbread Cookies from England (page 166), we used Candy Cane, Stocking, and Rocking Horse Cookie Stamps by Ryecraft. The set of three Cookie Stamps sells for $27.95.

To help save you time, we packaged the items used to decorate our cookies. The kit contains meringue powder, five paste food colors (red, green, blue, yellow and brown), white nonpareils, white crystal sprinkles, six decorating tips (one #6B star tip, four #2 round tips, and one #2A round tip), four couplers, and six 12-inch pastry bags. The 24-piece Decorating Kit sells for $42.95.

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TO ORDER: Call 800-763-6393 (MasterCard, Visa and Discover Card users) or send your name, street address and a check to: LHJ Resources, Dept. L1299, P.O. Box 9381, Des Moines, IA 50306-9381. For orders outside of the contiguous U.S., please add $15 for shipping and handling to total order. Please specify product(s).



Snack? Heck, it's a meal.



Not for Nibblers

.nabiscoworld.com

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HOLIDAY Coffee Cake

It's a yummy treat to munch on Christmas morning, or a simply delicious accompaniment to a cup o' joe at brunchtime anytime

Sure, baking this coffee cake will send a fresh-from-the-oven aroma wafting through the house, but even better, this recipe makes two loaves. You'll have enough to serve a hungry Christmas crowd, or freeze the extra for another chilly winter day.

This coffee cake looks and tastes great, and it's easier to make than you think: We started with a yeast dough (we use rapid-rise yeast to trim the prep time) and paired it with a super-creamy filling of Mascarpone cheese, sugar and orange peel. Then, just add your favorite fruit: apricots, sweet cherries or plums.

HOLIDAY COFFEE CAKE

Test Kitchen Favorite

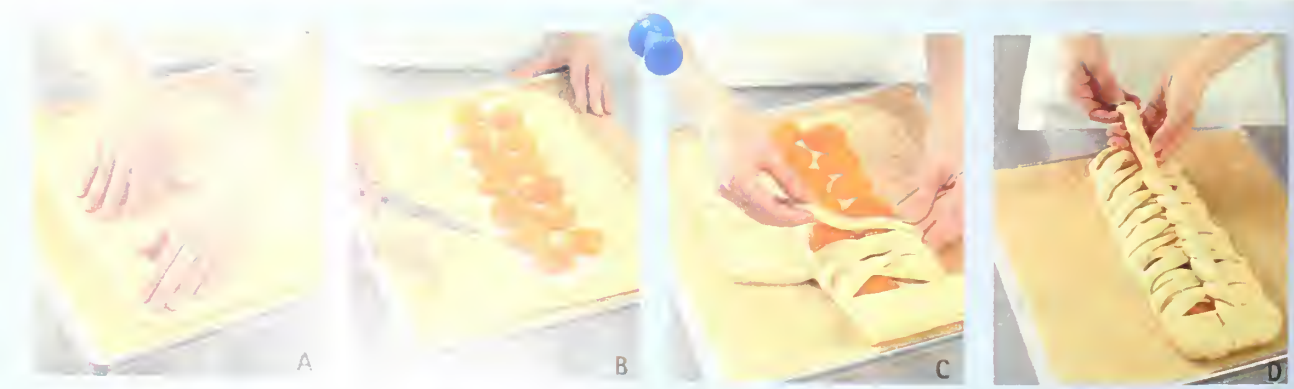
Prep time: 20 minutes plus rising
Baking time: 25 to 28 minutes
MODERATE

Dough
- 2 packages rapid-rise yeast
- Sugar
- 1/2 cup warm water (105°F. to 115°F.)
- 5 3/4 to 6 1/3 cups all-purpose flour, divided
- 1 1/2 teaspoons salt
- 1 teaspoon cardamom
- 1/2 cup butter or margarine
- 1 cup lukewarm milk
- 2 large eggs, at room temperature
- 1 large egg yolk, at room temperature

Cheese filling
- 1 1/2 cups Mascarpone or 12 ounces cream cheese, softened
- 2 tablespoons sour cream
- 1/4 cup sugar
- 2 large egg yolks
- 2 tablespoons flour
- 1 teaspoon grated orange peel

Fruit filling
- 2 cans (15 1/4 to 16 1/2 oz. each) apricot halves, pitted sweet cherries or plum halves in syrup, drained and patted dry
- 1 large egg, lightly beaten
- 1 tablespoon melted butter or margarine
- 2 to 3 tablespoons crystallized sugar

1. *Make dough:* Sprinkle yeast and a pinch of sugar over warm water in measuring cup. Stir. Let stand just until foamy, 2 to 3 minutes. Meanwhile, whisk together 2 cups flour, 1/2 cup sugar, salt and cardamom in large bowl. With pastry blender or 2 knives, cut butter into flour mixture until coarse crumbs form. Whisk together lukewarm milk, 2 eggs and egg yolk in medium bowl until blended; whisk in *(continued)*



A. Press one piece of dough into a 16x9-inch rectangle onto a cookie sheet lined with parchment paper. B. Cut twelve 1-inch strips of dough along each side of filling. Gently stretch strips across filling; alternating side to side and pressing gently. D. Roll two 16-inch-long ropes of dough. Join one end of ropes and twist together; arrange down center of loaf.



Want to serve a holiday dish that's baked in the oven and steeped in tradition?

Campbell's® Green Bean Bake

Prep Time: 10 min./Cook Time: 30 min.

- 1 can (10 3/4 oz.) Campbell's® Cream of Mushroom or 98% Fat Free Cream of Mushroom Soup
- 1/2 cup milk
- 1 tsp. soy sauce
- 1 dash pepper
- 4 cups cooked cut green beans
- 1 1/3 cups French's® French Fried Onions

Mix soup, milk, soy sauce, pepper, beans and 2/3 cups onions in 1 1/2-qt. casserole.

Bake at 350°F. for 25 min. or until hot.

Stir and sprinkle with remaining 2/3 cups onions. Bake 5 min. Serves 6.

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can look extra special."



"Dress them for
the occasion in
5 festive colors...



...with Reynolds
Color Plastic Wrap."



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Making good food
1999

HOLIDAY COFFEE CAKE

...yeast dissolves. Stir milk mixture into flour mixture with wooden spoon until combined. Gradually stir in 3 to 4 cups flour, until dough begins to pull away from side of bowl. On lightly floured surface, knead dough, adding remaining cup flour as needed, until smooth and elastic, 7 to 10 minutes. Generously butter a large bowl. Add dough and turn to coat top with butter. Cover and let dough rise in a warm, draft-free place until doubled in bulk, 50 to 60 minutes.

2. *Make cheese filling.* Meanwhile, beat all ingredients in small bowl until smooth. Cover and refrigerate.

3. Transfer dough to a lightly floured surface; cut in half and let stand 10 minutes. Lightly grease two large cookie sheets and line with parchment.

4. Cut a ¼ cup piece of dough from each dough half; set aside. Transfer each remaining piece of dough to a prepared sheet. Press each piece into a 16×9-inch rectangle (photo A). Divide and spread cheese filling in a lengthwise strip, 4 inches wide, down center of each rectangle, leaving a 1 inch border at either end. Divide and arrange fruit in single layer on cheese. With a sharp knife, cut twelve slits in dough on a 30-degree angle along each side of filling, forming strips about 1 inch wide (photo B). Leaving the first 2 parallel strips of dough on top and bottom of dough rectangle flat, gently stretch remaining strips across filling, alternating from side to side and pressing gently (photo C); fold short ends over filling, tuck ends underneath top and bottom of loaf. Repeat with remaining dough and filling.

5. Cut one of the ½ cup reserved pieces of dough in half. Roll each half into 12-inch long rope. Join one end of ropes and twist. Repeat with remaining reserved dough. Arrange each twisted rope down center of each loaf; pinch lightly on each end (photo D). Cover loaves and let rise until almost doubled in bulk, 50 to 60 minutes.

6. Meanwhile, arrange oven racks in center and lower third of oven; heat oven to 350°F.

7. Uncover loaves. Brush beaten egg over loaves (avoid dripping egg onto parchment), then brush with melted butter. Sprinkle tops with crystallized sugar. Bake 15 minutes; switch pans between racks. Bake 10 to 13 minutes more, until golden brown. Cool loaves on pans on wire racks, 20 minutes. Transfer to cutting platter or board. Serve warm or cool completely. *(Can be made ahead. Wrap tightly in foil and freeze up to 1 month; stand wrapped at room temperature 3 hours; heat in 350°F. oven 10 minutes. Or, unwrap, expose tops of loaves and bake 5 minutes, until heated through.)* Makes 10 to 12 servings per loaf.

PER SERVING: 320 calories, 14 g total fat, 8.5 g saturated fat, 86 mg cholesterol, 232 mg sodium, 42 g carbohydrates, 7 g protein, 65 mg calcium, 1 g fiber

Recipe by Cynthia DePersio

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Far left: Holiday Party Nuts make a crunchy yuletide treat. Above: White Chocolate Candies sprinkled with fruits and nuts are a colorful hostess gift sure to satisfy every sweet tooth. Left: Our Festive Spice Blend fires up chicken or steak, or makes a tasty party dip when added to sour cream

Bundles of **JOY**

Haven't finished that gift list yet? Whip up some of these savory snacks and delectable sweets that look like they came from a fancy gourmet shop

WHITE CHOCOLATE CANDIES

Dainty, sophisticated and not too sweet, these treats are sprinkled with a colorful assortment of dried fruits and nuts.

Total prep time: 20 minutes plus chilling

EASY

1 package (12 oz.) white chocolate chips, melted according to package directions

½ cup assorted coarsely chopped dried fruits (such as apricots, cranberries and golden raisins) and nuts (such as walnuts, pecans, almonds and pistachios)

36 miniature foil 1 3/8-inch candy cups

Divide and pour melted chocolate into candy cups. Immediately sprinkle tops with chopped dried fruits and nuts. Refrigerate until firm, 30 minutes. *Can be made ahead. Cover and refrigerate up to 1 week. Makes 36 candies.*

EASY

HOLIDAY PARTY NUTS

No one can resist these crunchy munchies—peanuts, pistachios, pumpkin seeds and pretzel nuggets get a kick from a sprinkle of curry powder.

Prep time: 15 minutes
Baking time: 38 to 43 minutes

EASY

½ cup light corn syrup
6 tablespoons butter or margarine
½ cup firmly packed brown sugar
2 tablespoons curry powder
1 ¼ teaspoons salt
¼ teaspoon ground red pepper
1 can (12 oz.) unsalted cocktail peanuts
1 cup unsalted shelled pistachios
1 cup shelled pumpkin seeds
1 bag (8 oz.) whole blanched almonds
1 bag (7 oz.) pretzel nuggets

1. Heat oven to 300°F. Grease the bottom of a broiler pan or large roasting pan with vegetable shortening.
2. Combine corn syrup, butter, brown sugar, *(continued)*

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...curry powder, salt and red pepper in medium size bowl. Heat over medium heat, stirring occasionally, until butter is melted and sugar is dissolved, 3 minutes.

3. Meanwhile, toss together remaining ingredients on the prepared pan with a large spoon. Pour syrup over nut mixture and toss again to coat. Bake 38 to 43 minutes, stirring once halfway through, until mixture is deep golden brown.

4. Arrange a 30-inch long strip of foil on a smooth work surface (this will avoid staining your counter with the curry powder). Cover foil with a 30-inch long piece of waxed paper.

5. Scrape nut mixture onto waxed paper with an oiled rubber spatula, then spread evenly to cover the paper. Cool completely. Break up into chunks. *(Can be made ahead. Store in an airtight container at room temperature up to 1 month.)* Makes 9 cups.

PER 1/4 CUP SERVING: 195 calories, 14 g total fat, 3 g saturated fat, 5 mg cholesterol, 202 mg sodium, 14 g carbohydrates, 6 g protein, 28 mg calcium, 1 g fiber

FESTIVE SPICE BLEND

Whip up your own custom spice blend—choose from chipotle, jalapeño, curry and habañero (the hottest!) and make one kind or put together a gift basket with all four flavors. Each spice blend is terrific as a rub for meat or chicken, or as a dip, using our recipe for Sour Cream Spice Dip, below. If giving as a gift, be sure to include the recipe on a decorative card or label.)

Total prep time:
10 minutes
EASY

Habañero

Whisk together *5 1/2 tablespoons onion powder, 3 tablespoons salt, 1 tablespoon plus 1 teaspoon* each *oregano, dry mustard* and *sugar* and *2 teaspoons* each *habañero powder,* garlic powder* and *cumin* in bowl. Makes about 1 cup.

Chipotle

Whisk together *5 1/2 tablespoons onion powder, 3 tablespoons salt, 4 teaspoons* each *smoked jalapeño flakes*, sugar, cumin* and *thyme* and *2 teaspoons coriander* in bowl. Makes about 1 cup.

Jalapeño

Whisk together *5 1/2 tablespoons onion powder, 3 tablespoons salt, 4 teaspoons* each *sugar* and *jalapeño flakes,** and *2 teaspoons* each *coriander* and *oregano* in bowl. Makes about 3/4 cup.

Curry

Whisk together *5 1/2 tablespoons onion powder, 3 tablespoons* each *salt, curry powder* and *cumin, 4 teaspoons thyme* and *2 teaspoons freshly ground pepper* in bowl. Makes about 1 cup.

Sour Cream Spice Dip: Whisk together 1 tablespoon of your choice of any of the Festive Spice Blends, *1 container (8 oz.) sour cream* and *2 tablespoons mayonnaise* in bowl. Makes about 1 cup.

Spice Rub: Lightly c... boneless, skinless chick... breasts, pork chops, po... tenderloin or steak wi... Festive Spice Blends.

* AVAILABLE FROM CHILE TODAY-H... TAMALE, 800-468-7377

PER 1 T. SPICE DIP: 35 calori... 3.5 g total fat, 2 g saturated f... 6 mg cholesterol, 62 mg sodiu... 1 g carbohydrates, 0 g protei... 14 mg calcium, 0 g fiber

MINI CITRUS SWEET BREADS

Budget Recipe of the Month

These lovely orange breads are studded with golden raisins and candied orange peel—perfect for morning toast with tea. Your lucky friends will never guess it's olive oil that makes the loaves wonderfully moist and tender; they'll only know they're delicious!

Prep time: 30 minutes plus rising
Baking time: 16 to 18 minutes
EASY

1 package active dry yeast
Sugar
1/2 cup warm water (105°F. to 115°F.)
3 to 3 1/2 cups all-purpose flour, divided
3 large eggs, at room temperature
1/3 cup olive oil
1 1/2 teaspoons grated orange peel
1 teaspoon salt
3/4 cup golden raisins
1/4 cup chopped candied orange peel

1. Sprinkle yeast and pinch of sugar over warm water in large bowl. Let mixture stand until foamy, about 5 minutes. Beat in 2 cups flour, 1/4 cup sugar, eggs, oil, grated *(continued)*

Top: Fill a gift basket with Mini Citrus Sweet Breads, a jar of preserves and an assortment of teas. Middle: Assorted crackers are perfect to pack with a crock of Chipotle Pesto. Bottom: For something special, tie Cranberry-Spice Sachets to bottles of red wine or apple cider with fancy ribbon, then add a recipe tag for mulled wine or cider



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[illegible] wooden spoon, until [illegible] Stir in [illegible] mixed peel [illegible] to make [illegible] dough.

2. Put [illegible] lightly floured surface; knead [illegible] dough until smooth and elastic, sprinkling with remaining [illegible] cup flour as needed to [illegible] dough from sticking, 6 to 8 minutes. Transfer dough to a lightly oiled bowl; turn [illegible] top. Cover bowl with plastic wrap and let dough rise in a warm, draft free place until doubled in bulk, 1½ hours.

3. Punch dough down, cover and let stand 10 minutes.

4. Brush foil 5 ¼x3 ¼x2 inch baby loaf pans with oil. Divide dough into quarters; shape each piece into an oval and place in prepared pans. With a small, sharp knife, make 2 slashes across the top of each loaf. Transfer pans to a jelly roll pan; cover with plastic wrap and let loaves rise until doubled in bulk, 45 minutes.

5. Heat oven to 375°F. Bake loaves on jelly roll pan until golden brown, 16 to 18 minutes. Transfer pans to wire racks and cool 5 minutes. Unmold loaves and cool completely. *(Can be made ahead. Wrap well and freeze up to 2 weeks. Thaw at room temperature 2 hours before serving.)* Makes 4 mini loaves, 6 slices per loaf.

PER SLICE: [illegible] calories, 4 g total fat, 5 g saturated fat, 3 mg cholesterol, 106 mg sodium, 20 g carbohydrates, 3 g protein, 3 mg calcium, 1 g fiber

CRANBERRY-SPICE SACHETS

There's nothing like the beckoning aroma of warm spices at the holidays, and these sachets can brew up a wonderful pot of mulled wine or cider. They're a terrific hostess gift, too: simply tie a sachet bag to a bottle of your favorite wine or cider for a pretty presentation.

Prep time: 10 minutes
Cooking time: 30 to 35 minutes
EASY

Cranberry-spice bags
- 2 cups dried cranberries, divided
- 16 cinnamon sticks, divided
- 16 candied orange peel strips, divided
- 1 cup crystallized ginger, divided

1 bottle (1 liter) fruity red wine (such as Beaujolais) or ½ gallon apple cider or unfiltered natural apple juice
2 tablespoons sugar

1. *Make cranberry-spice bags.* Combine [illegible] cup cranberries, 2 cinnamon sticks, [illegible] candied orange peel strips and 2 tablespoons crystallized ginger in each of eight [illegible] bags. *(Can be made ahead. Store at room temperature up to 1 month.)*
2. *To make mulled wine:* Bring the [illegible] one bag of spices and wine to a simmer. Reduce heat to low and barely simmer 30 minutes, until flavor is infused into wine. Stir in sugar until dissolved. Makes 6 servings.
For mulled apple cider or juice: Prepare as directed above, except omit the step of simmer and increase cooking time to 35 minutes. Makes 8 servings.

PER BAG: 214 calories, 5 g total fat, 0 g saturated fat, 0 mg cholesterol, 25 mg sodium, 53 g carbohydrates, 1 g protein, 32 mg calcium, 3 g fiber

CHIPOTLE PESTO

This Southwest take on classic pesto is a vibrant blend of roasted tomatoes, bell peppers, smoky chipotle chiles, Parmesan and garlic. Toss with pasta, spread on crackers or serve as a dip with vegetables and chips.

Prep time: 25 minutes
Baking time: 38 minutes
EASY

4 plum tomatoes, cored and halved
2 red bell peppers, seeded and halved
½ cup raw shelled pumpkin seeds
4 chipotle chiles in adobo sauce, seeded, removed
1 cup olive oil
1 cup fresh cilantro leaves
2 teaspoons minced garlic
½ cup freshly grated Parmesan cheese
1 teaspoon salt
½ teaspoon freshly ground pepper

1. Heat oven to 425°F. Place tomato halves cut side up, and bell pepper halves cut side down, on a large jelly-roll pan. Roast 30 minutes, until tomato and pepper skins blister and are evenly charred. Cool.
2. Reduce oven temperature to 350°F. Spread pumpkin seeds on a cookie sheet. Bake 8 minutes, until toasted. Cool.
3. Remove skin from bell peppers; transfer to a cutting board and coarsely chop.
4. Chop pumpkin seeds in a food processor and set aside. Add chipotles and oil to processor and process until smooth. Add tomato halves and chopped bell peppers and process, pulsing, until mixture is blended but still chunky. Return pumpkin seeds to processor with cilantro, garlic, cheese, salt and pepper, and pulse, just until blended. *(Can be made ahead. Transfer pesto to an airtight container. Cover and refrigerate up to 1 week.)* Makes about 3¼ cups.

PER ¼-C. SERVING: 265 calories, 26 g total fat, 4 g saturated fat, 4 mg cholesterol, 378 mg sodium, 4 g carbohydrates, 4 g protein, 80 mg calcium, 2 g fiber ■

Recipes by Cynthia DePersio and Sarah Reynolds

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BUBBLIN' Bubbly

There's no more special way to say cheers to the new century than with a festive **champagne** toast. Here, three cocktails to help you celebrate in style

The pop of a champagne cork signals a celebration, and this January 1 we really have something to toast. Contrary to many pre-millennium reports there will be no champagne shortage this year, as an extra seventy-four million bottles have been released to meet the anticipated demand.

Most special millennium bottlings of sparkling wines and champagnes will appear without a year on the label, indicating that they have been blended from several previous vintages.

Costlier vintage champagne has a date on the label and is made from a single harvest of grapes. Not every year, though, produces a crop worthy of bottling as a single vintage.

So, how do you choose? First know that nothing but wine from the Champagne region of France can be called champagne. All other bubbly is referred to as "sparkling wine."

There are five different styles of champagne. *Brut* champagne is the driest and most acidic; *extra dry* is just as crisp, with a touch more sugar. A *sec* ("dry") champagne is an optimum choice for a light and refreshing sparkler, and *demi-sec* ("half dry") champagne is medium-bodied, almost fruity. *Doux* ("sweet") champagne is the sweetest, a good choice with dessert.

MIMOSA

This eye-opening cocktail is a great choice for a New Year's Day brunch.

Total prep time: 5 minutes

- 1/3 cup fresh orange juice, chilled
- 1/4 teaspoon Cointreau or Triple Sec (orange-flavored liqueur)
- 1/3 cup chilled champagne

Combine orange juice and Cointreau in a fluted champagne glass. Slowly add champagne. Serve immediately. Makes 1 drink.

PER DRINK: 95 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 5 mg sodium, 9 g carbohydrates, 1 g protein, 16 mg calcium, 0 g fiber

KIR ROYALE

A drop of black-currant liqueur flavors this bubbly concoction, and a lemon twist adds tang and a touch of elegance.

Total prep time: 5 minutes

- 1 teaspoon cassis (black-currant-flavored liqueur)
- 2/3 cup chilled champagne
- 1 strip lemon peel, twisted

Pour cassis into a fluted champagne glass; slowly add champagne. When bubbles settle, add lemon twist. Serve immediately. Makes 1 drink.

PER DRINK: 120 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 8 mg sodium, 3 g carbohydrates, 0 g protein, 15 mg calcium, 0 g fiber

CHAMPAGNE COCKTAIL

A sugar cube and maraschino cherry add delightful sweetness to this light sparkler.

Total prep time: 5 minutes

- 1 sugar cube
- 1 teaspoon brandy
- 1/8 teaspoon bitters
- 2/3 cup chilled champagne
- 1 maraschino cherry

Place sugar cube in fluted champagne glass. Add brandy and bitters. Slowly add champagne. When bubbles settle, add cherry. Serve immediately. Makes 1 drink.

PER DRINK: 135 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 8 mg sodium, 5 g carbohydrates, 0 g protein, 15 mg calcium, 0 g fiber ■

Recipes by Jane Yagoda Goodman

POP! To open chilled champagne, tilt the bottle at a 45-degree angle, pointing away from you. Drape a cloth over the cork; untwist and remove the wire hood. Grasp the cork firmly with your thumb and forefinger. Slowly twist the bottle (not the cork) to release pressure, which will help you get the cork out.



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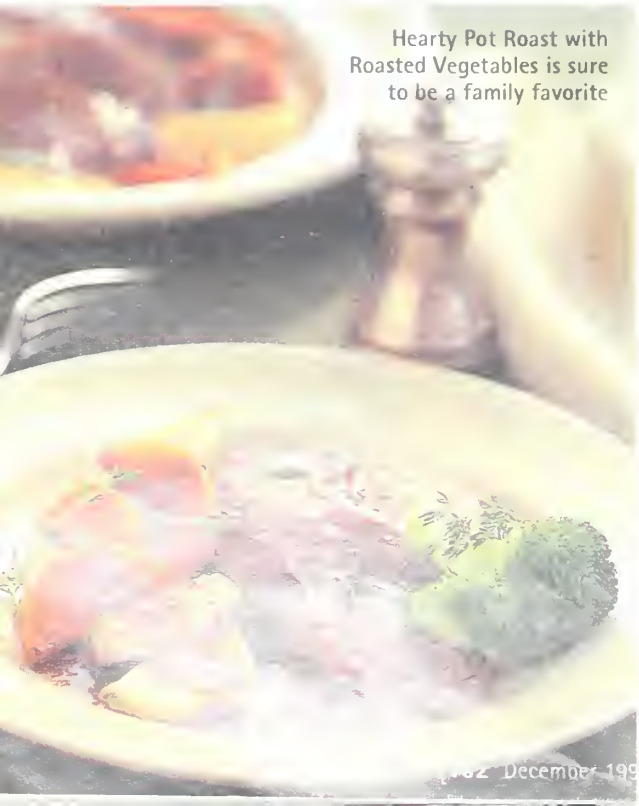
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Serve Chili-Ginger Shrimp and Noodles with a cucumber salad

Off the Shelf

What's for dinner? Make a list and check it twice! We've got three tasty meals from the pantry to help take the hectic out of your holidays



Hearty Pot Roast with Roasted Vegetables is sure to be a family favorite

CHILI-GINGER SHRIMP AND NOODLES

Fastest Recipe of the Month

This Asian-inspired noodle dish is assembled with quick-cooking thin spaghetti, shrimp and snow peas. The ingredient that pulls it all together is a rich tasting ginger and soy pad thai sauce.

Prep time: 20 minutes
Cooking time: 10 minutes
EASY

- 1/2 pound thin spaghetti or vermicelli
- 1 pound shelled and deveined large shrimp
- 1/2 teaspoon salt, divided
- 1 tablespoon plus 1 teaspoon olive oil, divided
- 1 teaspoon finely chopped garlic
- 1/2 pound snow peas or sugar snap peas
- 3 tablespoons fresh lime juice
- 1 bottle (8 oz.) Thai Kitchen Pad Thai Sauce
- 2 green onions, sliced

1. Start to cook pasta according to package directions.
2. Meanwhile, sprinkle shrimp with 1/4 teaspoon salt. Heat 1 tablespoon oil in large nonstick skillet over high heat; add shrimp and cook 1 1/2 minutes per side, until golden. Add garlic and cook 30 seconds. Transfer to a plate.
3. Heat remaining 1 teaspoon oil in same skillet. Add snow peas; sprinkle with remaining 1/4 teaspoon salt and cook, stirring occasionally, 3 to 4 minutes (4 to 5 minutes for sugar snap peas), until lightly charred in spots and tender-crisp.
4. Remove 1/2 cup pasta cooking water to cup. Drain pasta and add to peas in skillet with pasta water, lime juice, pad thai sauce and shrimp. Cook mixture, stirring, 3 to 4 minutes, until heated through. Transfer to serving bowl and sprinkle with green onions. Serve immediately. Makes 4 servings.

PER SERVING: 550 calories, 7 g total fat, 1 g saturated fat, 173 mg cholesterol, 1,933 mg sodium, 85 g carbohydrates, 32 g protein, 104 mg calcium, 3 g fiber

POT ROAST WITH ROASTED VEGETABLES

A new, true timesaver: In the grocer's refrigerated meat case, you can now find fully cooked pot roast. We added winter vegetables to roast in the oven while heating the pot roast in the microwave.

Prep time: 15 minutes
Baking time: 35 to 37 minutes
EASY, MICROWAVE USED

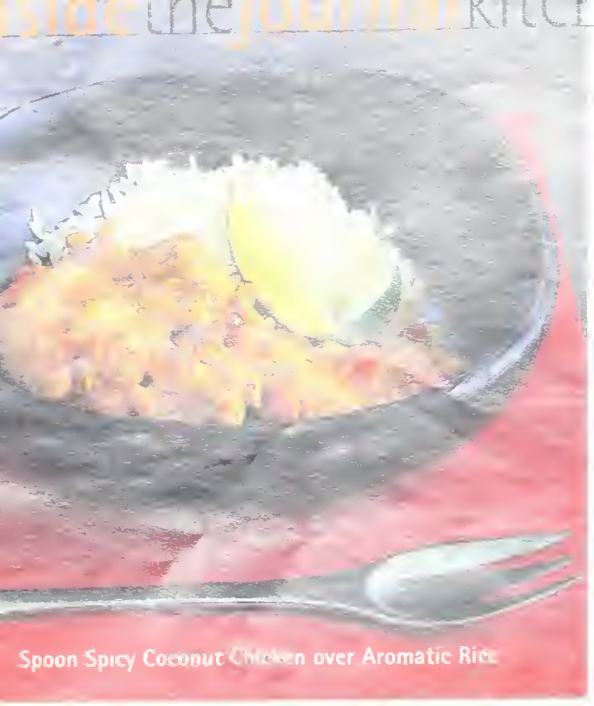
- 2 tablespoons butter or margarine
- 2 turnips (8 oz. each), peeled, halved and sliced 1/2 inch thick
- 2 medium potatoes (8 oz. each), peeled, halved and sliced 1/2 inch thick
- 1 (1 1/2 lb.) small butternut squash, peeled, cut in half lengthwise and sliced 1/2 inch thick
- One 2-pound Burnett & Son refrigerated, fully cooked Beef Pot Roast with natural juice gravy
- 1 teaspoon minced fresh thyme or parsley
- 1/2 teaspoon salt
- 1/4 teaspoon freshly ground pepper
- Cooked broccoli (optional)
- Fresh thyme sprigs, for garnish

1. Heat oven to 450°F.
2. Divide butter into 2 equal pieces. Add one piece to each of 2 large jelly-roll or broiler pans; place pans in oven for 1 minute, until butter melts. Divide turnips between pans, toss with butter and spread in single layer; roast 5 to 7 minutes. Divide and add potatoes and squash and roast 30 minutes more, switching pans halfway through, until vegetables are tender. *(continued)*



No matter who drops in this season, treat them to holiday favorites topped with Reddi-wip real whipped cream.

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Spoon Spicy Coconut Chicken over Aromatic Rice

continued 3. After 20 minutes, begin to microwave pot roast as directed. Toss vegetables with thyme, salt and pepper. Slice beef and transfer to serving platter. Spoon gravy over top. Serve with roasted vegetables and broccoli, if desired. Garnish with thyme sprigs. Makes 4 servings.

PER SERVING: 5[illegible] calories, 6 g total fat, 3 g saturated fat, 144 mg cholesterol, 1,12[illegible] mg sodium, 44 g carbohydrates, 54 g protein, 105 mg calcium, 6 g fiber.

SPICY COCONUT CHICKEN

This fiery dinner features Scotch bonnet chiles—one of the hottest peppers on earth. Coconut milk, chopped tomatoes and onions deliciously tame the heat.

Prep time: 15 minutes
Cooking time: 10 to 12 minutes
[illegible] LOW-FAT, LOW-CALORIE

8 boneless, skinless chicken thighs (2 lbs.)
¾ teaspoon salt, divided
1 cup chopped onions
1 tablespoon chopped garlic
3 plum tomatoes, diced
¾ teaspoon turmeric
½ teaspoon minced Scotch bonnet or habañero chile, or 1 teaspoon minced jalapeño with seeds
1 cup Thai Kitchen or Taste of Thai lite coconut milk
1 tablespoon fresh lime juice
Cooked rice (optional)

1. Sprinkle chicken with ¼ teaspoon salt. Heat 12-inch nonstick skillet over medium heat. Add chicken and cook 3 minutes per side, until crisp.
2. Transfer chicken to a plate. Add onions and garlic to drippings in skillet and cook 2 minutes, until softened. Add tomatoes, turmeric, chile and remaining ¼ teaspoon salt; cook 2 minutes more. Add chicken and coconut milk; bring to a boil. Reduce heat to medium and cook 10 to 12 minutes, stirring occasionally, until sauce is thickened. Remove from heat; stir in lime juice. Serve with rice, if desired. Makes 4 servings.

PER SERVING: 225 calories, 9 g total fat, [illegible] g saturated fat, 114 mg cholesterol, 574 mg sodium, 9 g carbohydrates, 29 g protein, 29 mg calcium, 1 g fiber. ■

Recipes by Cynthia DePersio

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NUTRITION GUIDE Calorie and nutr[illegible] analysis appears at the end of each of ou[illegible] recipes to help you plan well-balanced m[illegible]

DAILY GOAL

Calories	2,000 (F); 2,500 (M)
Total fat	60 g or less (F), 70 g or less [illegible]
Saturated fat	20 g or less (F); 23 g or less [illegible]
Cholesterol	300 mg or less
Sodium	2,400 mg or less
Carbohydrates	250 g or more
Protein	55 g to 90 g
Calcium	1,000 mg
Fiber	20 g to 35 g

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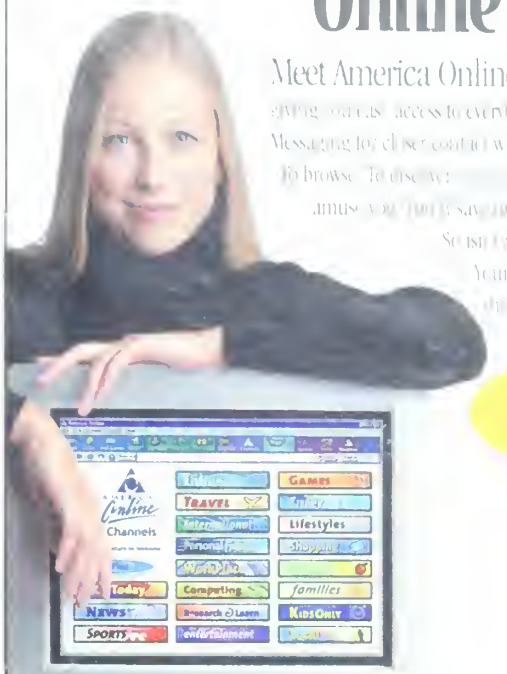
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Continued from page 144

with handmade ornaments, each with its own story to tell. I especially like the ones that fifth-graders from Lyford, Mound, Texas, made out of [illegible] foam, metal stars and Popsicle sticks.

As much as Bill and I love [illegible] Christmas traditions, we wanted to make sure Americans of other faiths feel welcome during the holiday season. Beginning in 1993, we put a menorah in the West Wing lobby to honor the festival of Chanukah. The President lights a very special menorah in the Oval Office, created by Mark Baram, an Israeli craftsman who, with his young son in the 1973 Arab-Israeli War. To commemorate the end of Ramadan, the holy month of prayer and fasting for Muslims, and to increase understanding of Islam, we began hosting Eid ul-Fitr celebrations in 1996. [Editor's note: The date of Ramadan varies from year to year.]

The rooms are filled with the music of schoolchildren, senior citizen church choir members, pianists and string musicians, 2,500 of whom are selected from all over the country to perform. Visitors may also be greeted by our own Santa, played by a U.S. Secret Service uniformed division officer.

As in any house during the holidays, the air is filled with the smell of the irresistible sweets that we eat every December. Guests may sample one of some 100,000 cookies and pastries or a slice of one of 250 fruitcakes that have been marinating in our walk-in refrigerators since July, all made by White House pastry chef Roland Mesnier and his assistants. Roland's holiday baking requires approximately 500 pounds of sugar and 300 pounds of chocolate!

Some of the liveliest moments here, however, happen behind the scenes during the three days in early December when the White House closes its doors to be decorated. The "elves" who undertake the daunting task are volunteers—mostly professional florists and decorators from all over the country. The chief floral designer of the White House, Nancy Clark, started as a volunteer herself more than twenty years ago.

When they come together, it

like a family reunion—only this spent putting up the ornaments, g more than 300 wreaths and ng 720 lengths of garland. We atching this transformation, and me to drop by unannounced to ith volunteers. Sometimes we iptoe downstairs late at night to a peek.

l every year, after the official have ended several days before s mas, we begin our own private ation. Some things have changed ent years—like the excitement of g our daughter home from col- But most of our traditions were down from our own parents or launched during our first holidays her as a family. The President other last-minute shoppers at local stores on Christmas Eve. We bake cookies and sing carols. Ev ery year we unpack the same ornaments, and, as Bill hangs them around the upstairs Yellow Oval Room, we retell the story behind each one. We have dinner together on Christmas Eve with family and friends before attending church services at the Washington National Cathedral.

On Christmas morning, after we open gifts and eat too much, our home looks a lot like many others. All that is left are our memories and the scraps of wrapping paper and bows, the laughter and excitement of family members and our gratitude for the spirit of the season.

That is, until February, when it begins all over again. ■

BINGE GENERATION

continued from page 123

tal. "If you did a random survey enagers, I'd estimate that no more five percent know they could rom an alcohol dose," says ea Falco, president of Drug Strategies, a nonprofit rch institute in hington, D.C. irls may be at greatest risk. lay, drinking are rising faster ng female adoents than males ae U.S. More than half of all tenthde girls reported drinking in the year—up 38 percent since 1993, ording to a government study. rls say they drink due to stress and desire to fit in, but they're also say they drink to get drunk," says Fal "This is an important health issue ause research shows that the same ount [of alcohol] has a bigger imct on them than it does on boys."

Tracey Meyer of Lancaster, New rk, started drinking when she was rteen, shortly after her parents diced. "I threw up and blacked out a , but I just kept drinking because I t no value on my life," she says.



Tracey Meyer: drinking at school

During her freshman year in high school, Tracey would bring beer or vodka mixed with iced tea to her locker so that she could drink during the day. After being suspended several times, she finally dropped out.

A counselor recommended that she check into a rehabilitation center. "I didn't really think anything would change," says Tracey. "But somehow, the people at the center got through to me, and I began to see that there could be a point to life." She completed the rehab program last February, and is now attending college. "I have a lot to live for now that I'm no longer drowning in drink," she says.

REVERSING THE TREND

To combat the problem of underage drinking, experts say that the government and the alcohol industry, as well as individual parents must play a role.

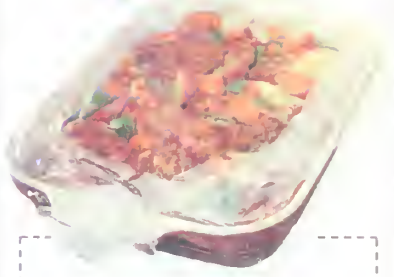
Some critics believe that the alcohol industry must work harder to promote responsible drinking practices. "There's been a major effort by some in the industry to exclude *(continued)*

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Make-It-Easy Chicken Dinner

1 Reynolds Oven Bag, large size (14" x 20")
2 tablespoons flour
1 envelope golden onion soup mix
1 cup water
3 medium carrots, cut in chunks
2 medium red potatoes, cut in wedges
1 medium green bell pepper, cubed
6 chicken pieces, skin removed
Seasoned salt, pepper

PREHEAT *oven to 350°F.*
SHAKE *flour in Reynolds Oven Bag; place in 13x9x2-inch baking pan.*
ADD *onion soup mix and water to oven bag. Squeeze oven bag to blend in flour. Add carrots, potatoes and green pepper to oven bag. Turn oven bag to coat ingredients with sauce. Sprinkle chicken with seasonings; add to oven bag. Arrange chicken and vegetables in an even layer in oven bag.*
CLOSE *oven bag with nylon tie; cut six 1 2-inch slits in top.*
BAKE *55 to 60 minutes or until chicken is tender.* **Easy Clean Up.**
Makes 4 servings.



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THE BINGE GENERATION

Continued

alcohol from federally funded public-health efforts aimed at reducing substance abuse among teens," charges Richard Yoast of the AMA.

Last summer, for instance, the National Beer Wholesalers Association successfully fought against including alcohol in a national anti-drug advertising campaign. U.S. Surgeon General David Satcher has urged the White House Office of National Drug Control Policy to reconsider the issue.

In the meantime, public policy efforts are under way. Among the most effective programs that focus on enforcing the legal drinking age, and ensuring that those serving or selling alcohol to minors are penalized. Congress is also taking action. Legislation aimed at restricting Internet sales of alcohol to minors has been passed by the House and the Senate.

On the local level, parental involvement is coming under increasing scrutiny. More and more states are holding adults legally responsible for the consequences of serving alcohol to minors. Twenty-nine have passed keg registration laws, which require that merchants record the identity of adults purchasing kegs of beer so they can be held accountable if the alcohol is served to minors.

Finally, and perhaps most important, experts stress that parents need to stop viewing underage drinking as a harmless rite of passage. "[The trends] we're seeing now should be a wake up call," says Penny Norton. "Adults have failed absolutely in providing guidelines."

No one knows that better than Nancy Ecker. "When parents allow kids to have drinking parties at home or condone drinking as long as no one is driving, the message they're really sending is that it's okay to drink," she says. "A lot of them are trying to be their teenager's friend, but high school is the most important time to be a parent, and to let your child know that twenty-one means twenty-one. It's [for] good reason."

Andrea Rock is a contributing editor at Ladies' Home Journal.

SEPTUPLETS

Continued from page 144

Age in Missouri—by the time their new home will be new anymore and will need repairs. And there are always unexpected expenses, like the bill that arrived this morning from their tax preparer who worked on tax returns for the family—one for Bobbi and Kenny, and individual ones for each of the eight children. The McCaughevs, Bobbi explains, have formed a corporation. "The kids are all part owners and earn income from the family business," she says. "We were joking that they were probably the only toddlers with IRAs."

Despite the family's savings, Bobbi admits she was worried at first when Kenny quit his full-time job. But her concerns weren't solely financial. "I was nervous about what people would say if they thought he was home lounging all day," she says. But now she's happy to have her husband with her so they can care for their brood together.

Kenny's Mr. Mom routine proved especially helpful one week last summer when Bobbi had to go into the hospital. For months, she had been exercising, trying to whittle her waistline, which had mushroomed to an astounding fifty-five inches when she was pregnant with the septuplets. When stomach crunches failed to do the trick, Bobbi went to see a surgeon. "My muscles were so stretched out they never went back," she explains. "And I had a hernia at the site of my cesarean [incision]."

Surgeons performed reconstructive surgery and repaired the hernia, removing more than five pounds of excess tissue. The operation went well, but Bobbi developed an infection and had to stay in the hospital for a week. At home, Kenny took over.

Asked if he requested any assistance besides the family's one volunteer helper in the morning and the one in the afternoon, he shakes his head. "Nah, we were fine, weren't we, kids?"

Kelsey squeals in agreement.

Suddenly, the big screen TV—the bottom third of which is covered with tiny handprints—goes blank. All eyes turn to Nathan, who has his hand poised over the power button.

"Nathan," Bobbi chastises. "Tu[rn] TV on."

He flashes her a Cheshire Cat grin, pushes the button, and instantly the Christian music show resumes.

CHRISTMAS PRAYERS

Lunch is a feast of kid favorites: ch[icken] nuggets and french fries. Mikayla [sits] the kitchen counter while the septu[plets] play a game of "Uh-oh," which co[nsists] of eating one bite, then dropping [it] next to the kitchen floor and waiting [for] Mom or Dad to retrieve it.

"Joel, stop that," Bobbi orders, [as] straps baby Kenny, the family es[cape] artist, back into his high chair. "Na[than], eat now. Mealtime is not playtime."

Half an hour later, the children [are] ready for their nap.

"Time to catch our breath befo[re] stairs all over again," says Kenny.

A helper carries Nathan as his sib[lings] follow Bobbi upstairs, pulling themse[lves] from one step to the next.

Suddenly, Nathan shrieks and ar[ches] his back.

"He wants to go up on his own, [like] the others," Bobbi explains. "Th[at's] something the therapists say he has in [his] favor. He's really motivated."

While the rest of her brood na[ps], Bobbi readies Alexis for a trip to [the] doctor. She's outgrown the plug that [at]tends into her stomach for feedin[gs], which Bobbi calls her "button." This [af]ternoon, she has an outpatient appoi[nt]ment with a surgeon to have it replac[ed]. Bobbi combs Alexis' fine, butterscotch-colored hair and anchors it with a pi[nk] barrette. But as she lifts the toddl[er], Alexis doubles over, vomiting much [of] her feeding onto the kitchen floor.

"Kenny, get a blanket!" Bobbi yel[ls]. With the same aplomb they exhibit [in] handling everything else this day, Ken[ny] mops up the kitchen floor, and Bob[bi] washes Alexis's face.

An hour later, in an exam room [at] Blank Children's Hospital, in De[s] Moines, where the septuplets were care[d] for in those first critical months afte[r] their birth, Stephen Wolf, M.D., weigh[s] Alexis and finds she's topped ninetee[n] pounds, another milestone. Then, whil[e] she howls in indignation, the nurse [can] hold her down as he pops out the ol[d]

and pushes in a larger one
e, now you've got room to
vs Wolf.
picks up the sobbing toddler
her, whispering, "It's okay
one now."
ien, Peter Hetherington, the
s' pediatrician, arrives. "Looks
ve riled up Alexis," he says to
gue. "Glad to know I'm not the
she gets angry at."
octor describes how Alexis has,
been so angry she's refused to
am—such as the day almost two
o when the last of her siblings
me from the hospital and she,
t fragile, had to remain in the
unit. "That girl has a temper.
eresting thing is how the septu-
all such little individuals, devel-
slightly different rates," he says.
ecause they were preemies—
en weeks early—the problems
ave really aren't uncommon.
ngton adds.
, as she drives home to Carlisle,
onsiders the future. There was a
hen she prayed she'd have children.
she was pregnant with seven, she
they would all survive. Now, as
ebrates the final Christmas of the
num, what does Bobbi pray for?
at our children will continue to
lthy," she says. "That Natalie and
will like to eat on their own,
at Nathan and Alexis will continue
elop and someday grow as strong
r brothers and sisters." ■

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"Food Journal," pages 153–154: [illegible]; Jon Savory Puffs, "A hamptra." Both from [illegible]; 1744

"Gifts from the Kitchen," pages 174–178: [illegible]

The Perfect Family CHRISTMAS

Christmas is supposed to be an ideal day—and we all do our best to achieve it. But somehow, even our most determined efforts often fall short of our holiday dreams. How to finally do Christmas right? By Pamela Redmond Satran

This year, you're spending a quiet family day at home, opening gifts, eating blueberry pancakes, lolling by the fire.

You've played all the new games, admired all the gifts—and now you're bored out of your minds.

Go for a walk. Now you're not just bored—you're freezing and bored.

Next Christmas, you're going to do something exciting: You're going to go to the beach.

Phone all your friends and family—which only makes you miss them more.

Next year, you'll throw a big party for everyone you love.

You're bucking convention—Christmas morning finds you lying on a warm beach.



This is relaxing and peaceful—but it just doesn't feel like Christmas.

Retreat to your room, turn up the A/C, and pretend you're home having an old-fashioned holiday.

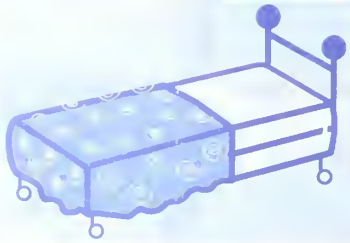
Next year, you're going to have a cozy family holiday at home.

For the merriest Christmas ever, you've invited all your friends and relatives for a holiday brunch.

You're exhausted and so busy you don't even have time to hug your kids.

When the party's in full swing, escape for a few minutes with your children.

When the party's in full swing, go lie down.



Next year, you'll escape the insanity and go to the beach.

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